DOCUMENT RESUME

ED 084 038 PS 006 976

AUTHOR	Holmes, Monica; And Others
TITLE	The Impact of the Parent-Child Centers on Parents: A Preliminary Report. Volume II.
INSTITUTION	Center for Community Research, New York, N.Y.
SPONS AGENCY	Office of Child Development (DHEW), Washington, D.C.
PUB DATE	Feb 73
NOTE	331p.; PS 006 975 is Volume I of this report, for other related documents, see PS 006 977 and PS 006 981
EDRS PRICE	MF-$0.65 HC-$13.16
DESCRIPTORS	Behavior; *Child Care Centers; Family Background; *Federal Programs; Health Services; Interviews; Nutrition; *Parent Attitudes; *Parent Child Relationship; Parent Participation; *Preschool Children; Questionnaires; Rural Family; Self Concept; Urban Environment
IDENTIFIERS	Parent Child Center Program; PCC

ABSTRACT

This document is the second part of a report based on interim findings of the Parent-Child Center impact study on parents. Interviews were conducted with 354 parents at seven Parent-Child Centers in order to measure (1) parenting (behavior, feelings, and attitudes); (2) self-concept (feelings of control over personal destiny, participation in community events, and interpersonal relationships); (3) knowledge and use of community resources; and (4) health care and nutrition. The program's design and methodology, as well as parents' demographic background information are included. An appendix contains a sample parent questionnaire. (SET)

FILMED FROM BEST AVAILABLE COPY

ED 084038

CENTER FOR COMMUNITY RESEARCH

33 WEST 60TH STREET
NEW YORK, N.Y. 10023
265-2131

SCOPE OF INTEREST NOTICE
The ERIC Facility has assigned this document for processing to: PS
In our judgement, this document is also of interest to the clearinghouses noted to the right. Indexing should reflect their special points of view.
TM

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

THE IMPACT OF THE PARENT-CHILD CENTERS ON PARENTS: A PRELIMINARY REPORT

VOLUME II

Prepared for
Office of Child Development
Department of Health, Education, and Welfare

Contract No. 2997A/H/O

Monica Holmes, Ph.D.
Douglas Holmes, Ph.D.
Dorie Greenspan

PS 006976

Field staff

Sandra Alexander
Bruce Carrier, Ph.D.
Arlene Friedman
Leah Gitter
Lester Marks, MSW
Fred Reichman
Jim Schwartz
Rhonda Small
Donna Tapper
LaForrest Warren

Data analysis

Douglas Holmes, Ph.D.
Bruce Carrier, Ph.D.

February, 1973

ACKNOWLEDGMENTS

We wish to thank our Project Officer, Dr. Esther Kresh, for her continued assistance both in conceptualization and in ongoing decisions about operations. We wish to acknowledge the participation of the National Director of the Parent-Child Center Program, Richard Johnson, and of the Program Coordinators in selecting and defining the areas of impact to be measured.

The seven Centers included in the study sample have sustained two week visits by field staff with considerable grace and good will. We wish to thank the staffs and parents of these Centers for their helpfulness and hospitality. They have made field work a genuine pleasure.

Finally, we wish to acknowledge the contribution to the study of our colleagues, Dr. Dennis Deloria and Dr. John Love, of the High/Scope Educational Research Foundation. Their contribution to the instruments and underlying constructs and their generous sharing of information and ideas have been a source of considerable help and enjoyment.

SUMMARY OF THE RESEARCH DESIGN AND MAJOR FINDINGS PRESENTED IN THE "INTERIM REPORT OF THE PARENT-CHILD CENTER IMPACT STUDY"

CENTER FOR COMMUNITY RESEARCH
Monica Holmes, Ph.D.
March, 1973

This summary is based on interim findings of the Parent-Child Center impact study on parents. Parents will be re-interviewed in June, 1973, so that the following findings should be viewed as tentative, pending the final report. Test data currently being collected from among children at fourteen Centers will be reported in the final report.

Data discussed here were obtained during interviews conducted with three hundred fifty-four parents, at seven Parent-Child Centers. These parents are representative of parents in all 32 PCC's visited previously by CCR. That is, statistical comparison between the 354 parents at seven PCC's and a sample of 20 parents at each of 32 Centers in terms of age, ethnicity, education, employment status, welfare status, number of children, and number of single-parent households, yielded no differences between the two groups.

The seven Centers being studied represent variations among the following major program dimensions: (1) overall philosophy underlying children's and adults' programming, (2) style of outreach, (3) ratio of professional to non-professional staff, (4) average number of program hours for children of different ages, and for parents and, (5) urban-rural locale. The programs range from all-day service to children to two hours per week per child, from eight hours a week of expected attendance by parents to zero hours, from home visits for all families to home visits for none, from programs in which a professional heads every component to programs where nearly every staff member is a non-professional, PCC parent or a community resident, from programs with a primary emphasis on social services to programs with a primary emphasis on education. The sample of seven PCC's was selected to be representative of the range of program variations.

Sixty-seven new, 148 short-term (6-20 months), and 139 long-term (20+ months) parents were interviewed. In addition to longevity, subject selection also was based on relative program involvement. PCC staffs rated each subject as high-involved or low-involved. These variables were used to test the major hypotheses of the study which were:

- The longer a parent has been involved in PCC, the greater will be the impact.
- High-involved parents will show more impact than low-involved parents.

Impact areas were chosen in conjunction with the National PCC staff according to two major criteria:

- Measurement should be in areas which relate to the National objectives of PCC.
- Measurement should correspond to the components which are supposed to be a part of every PCC vis-a-vis adults: adult education, social services, health and nutrition.

Guided by these criteria, a one-hour interview schedule was developed in order to measure each of the following areas:

- Parenting: behavior, feelings, and attitudes.
- Self-concept: feelings of control over personal destiny, participation in community events, relationships with others.
- Knowledge and use of community resources: educational, health, supportive, vocational, recreational, early childhood programs, and participation in community groups and boards.
- Health care and nutrition.

PARENTING

The measurement and analyses of parenting behavior avoids pejorative judgments as to what constitutes "good," or "bad," parenting. Instead, measurement focuses on parents' ability to meet everyday child-rearing problems with alternative solutions, based on the realization that solutions are differentially effective, depending on the developmental age of the child and the motivation underlying the child's behavior. Six problem situations were posed, to which parents were urged to give as many alternative responses as possible.

Hypothesis

Long-term and high-involvement parents will generate more alternatives than will new or low-involved parents.

Findings

This hypothesis is not supported by the data. The majority of all parents give between two and three alternatives.

Hypothesis

Long-term and high-involvement mothers will be less likely to respond punitively as a first solution than will new and low-involved mothers.

Findings

This hypothesis is borne out. Long-term and high-involvement mothers tend to rely more on explanation, supportive and nurturant efforts, investigation of cause, and verbal disapproval than do new and low-involved mothers. The new and low-involved mothers tend to rely more on physical punishment as a first response.

Hypothesis

The overall response pattern of long-term and high-involved parents will be less punitive than will be the pattern among new and low-involved parents.

Findings

The majority of all parents, regardless of status at PCC, resort to physical punishment as an option. Long-term and high-involved parents tend to try out other approaches first more often than do new and low-involved parents, but eventually respond punitively. Punishment appears to come later in the response hierarchy among PCC long-term and high-involved parents.

Parents were asked to respond to eleven Likert items which are designed to measure feelings, behavior, and attitudes.

Hypothesis

Long-term and high-involved parents will feel more adequate as parents than will new and low-involved parents.

Findings

This hypothesis is not borne out by the data. In fact, more long-term parents express concern about the adequacy of their mothering, and admit to feeling overwhelmed at times, than do new parents. A possible interpretation is long-term parents are more aware of, and sensitive to, the complexity of child rearing. It is also possible that those parents who tend to feel overwhelmed and inadequate are the very ones who stay on at PCC. It will be possible to evaluate these alternatives on the new members over time.

Hypothesis

Long-term and high-involved parents will be more likely to report parenting behavior consonant with the approaches used at the PCC.

Findings

High-involved parents leave their babies in their cribs less often than do low-involved parents. Long-term mothers hold their babies and talk to them during meals more often than do new parents.

Hypothesis

Long-term and high-involved mothers will be more aware of the individuality, the need for stimulation, and the importance of mothering behavior than will new and low-involved mothers.

Findings

High-involved parents are more likely to stress the baby's individuality and need for stimulation than are low-involved parents. The high-involved parents are more knowledgeable about the need for books and the baby's ability to learn.

Long-term parents are more sensitive to the individuality of babies than are new parents.

Involvement appears to be a more important variable than longevity in determining impact. It seems that the important dimension is not how long the mother remains as a member, but rather how involved she is.

SELF-CONCEPT

F-tests on the fifteen Likert items that measure this construct showed urban-rural responses to be different on many items. Thus, two separate factor analyses were performed.

Urban data

Four factors emerged:

- Passive pessimism
- Community involvement
- Interpersonal engagement
- Assertiveness and competence

Hypothesis

Ongoing and high-involved parents will be less passive, will feel less immobilized and unable to seek positive change, and will be less pessimistic than new and low-involved parents.

Findings

The differences among subgroups, along longevity and involvement, are not significant.

Hypothesis

Ongoing and high-involved parents will be more involved in community affairs, and more likely to vote than new and low-involved parents.

Findings

Short-term parents are more likely to vote and to be involved in community affairs than either new or long-term parents. There are no differences between low and high-involved parents.

Hypothesis

Ongoing and high-involved parents will feel less shy, mistrustful of others, and isolated than do new and low-involved parents.

Findings

Long-term mothers are more likely to feel trusting of others, less alone, and more able to derive pleasure from the companionship of others. There is no difference along the involvement variable.

Hypothesis

Ongoing and high-involved parents will be more assertive and more confident in their abilities and in their futures than new and low-involved parents.

Findings

Long-term and high-involved parents are more likely to feel that they determine in large part what happens to them. They feel that things will work out according to the plans and designs which they formulate. Confident in their abilities, they tend to be assertive and decisive.

Rural data

Four factors emerged which are somewhat different from the urban factors:

- Loss of support - pessimism
- Community involvement
- Dependency
- Reliance on legislated change, rather than personal action.

Hypothesis

Ongoing and high-involved mothers will feel less pessimistic, less powerless, and less helpless than new and low-involved mothers.

Findings

The findings are exactly opposite of what was predicted. Long-term parents are more pessimistic, express more powerlessness, and more feelings of helplessness than new parents. There are no differences in terms of involvement. It was suggested that perhaps PCC participation has made long-term parents less pollyannish and more attuned to the realities of their life situation.

Hypothesis

Ongoing and high-involved parents will be more involved in community affairs.

Findings

Long-term parents are more community-aware and active. There are no differences in terms of involvement.

Hypothesis

Ongoing and high-involved parents will be less dependent on others than new and low-involved parents.

Findings

Long-term and high-involved parents are *more* dependent on others than are new or low-involved parents. It was suggested that perhaps PCC membership has increased the feelings of vulnerability, and of the tenuousness of their situation. These parents are more able to acknowledge their need for others and are less likely to deny their feelings of helplessness.

Hypothesis

Ongoing and high-involved mothers will be more likely to rely on legislative change and to understand the limits of what can be done at a personal level.

Findings

There are no significant differences among any of the subgroups.

KNOWLEDGE AND USE OF COMMUNITY RESOURCES

Hypothesis

Ongoing and high-involved parents are more likely to participate on other community boards, e.g., Head Start Policy Council, or PTA, than are new and low-involved parents.

Findings

There are no differences among subgroups. Eleven percent of long-term members are on Head Start Boards, 16% are members of the PTA.

Hypothesis

More of the ongoing and high-involved members will be taking courses in an effort to continue their education than is the case among new and low-involved members.

Findings

Among rural PCC participants, more long-term members (32%) are taking courses than are new members (10%). There are no differences between long-term and new urban members.

More high-involved (37%) than low-involved (24%) parents are continuing their education either by working to complete high school or to receive college credit.

Hypothesis

Ongoing and high-involved members will be more aware of, and more likely to make use of, whatever educational facilities exist in the community for children.

Findings

Long-term members are far more likely to use Head Start than are new members. Inasmuch as the long-term members are older and have more children, their greater use of Head Start is not necessarily an impact of PCC. There are no differences in terms of involvement.

Hypothesis

Long-term and high-involved parents are more likely to be aware and make use of recreational resources than are new and low-involved parents.

Findings

Long-term urban parents use recreational facilities more than do new urban parents. There are no differences among rural parents in terms of longevity.

Highly-involved rural parents use recreational facilities significantly more than do low-involved parents.

Hypothesis

More long-term and high-involved parents will be aware of free legal services than will be new and low-involved parents.

Findings

There are no major differences among subgroups in terms of either longevity or involvement.

Hypothesis

Ongoing and high-involved parents are more likely to contact such resources as the housing authority, the state employment office, or a job training program, in an effort to improve the quality of their lives, than are new or low involved parents.

Findings

There are no major differences in terms of use of any of these resources either in terms of longevity or of involvement.

HEALTH AND NUTRITION

Hypothesis

Health care in ongoing PCC families will be more regular and more appropriate than in new families, as measured in a variety of specific areas.

Findings

- There are no differences in the number of pre-natal visits made by any of the subgroups. Mothers who are pregnant while in PCC make no more pre-natal visits than do new mothers. However, inasmuch as all parents average more than ten pre-natal visits, there exists relatively scant ground for improvement.

- Children in ongoing PCC families have a significantly better record of immunizations (polio, DPT, measles, and german measles) than do children in newly-recruited families.

- There are no significant differences between new and long-term parents in terms of the number of visits which are made to the doctor during the child's first year of life.

- There are no significant differences between new and long-term parents in terms of the number of visits which are made for routine check-ups between the ages of 1 and 4.

- Diagnosis of medical/psychological problems among children is more likely among ongoing PCC families than among new families.

- The vast majority of all adults have been examined by a doctor during the past year, regardless of length of PCC membership.

- Significantly more children of ongoing members (45%) have had dental care than children of new members (22%).

- Significantly more ongoing urban adults (60%) have gone for a dental check-up than have new members (35%). Long-term members are also more likely to have an annual check-up than are new members.

Hypothesis

Nutrition practices will be better among ongoing PCC parents than among new parents.

Findings

No differences were found between what new parents eat and serve their children and what ongoing parents eat and serve their children.

TABLE OF CONTENTS

PAGE

CHAPTER I - INTRODUCTION

Introduction.. I-1

1.0 Research design....................................... I-1
2.0 Selection of sample centers........................... I-3
3.0 Independent variables: subject and program characteristics....................... I-6
4.0 Dependent variables: assumptions about program impact.............................. I-8

CHAPTER II - METHOD OF THE STUDY

1.0 Questionnaire construction............................ II-1
  1.1 Demographic section................................. II-1
  1.2 Parenting section................................... II-1
  1.3 Knowledge and use of community resources. II-2
  1.4 Self-concept.. II-2
  1.5 Nutrition section................................... II-6

2.0 Pre-test of the questionnaire......................... II-6
3.0 Interviewer training.................................. II-11
4.0 Overview of field work................................ II-13
5.0 Sample selection...................................... II-13

6.0 Subdivision of independent variables for data analysis............................ II-18
  6.1 Subject variables................................... II-18
    6.1.1 Length of membership............................ II-18
    6.1.2 Involvement..................................... II-19
    6.1.3 Locus of service................................ II-21

  6.2 Organizational variables............................ II-21
    6.2.1 Urban vs. rural................................. II-21
    6.2.2 High satiation vs. low satiation................ II-22

  6.3 Summary of subdivision of major independent variables for data analysis. II-23

CHAPTER III - DEMOGRAPHIC AND BACKGROUND DATA

1.0 Demographic and background data....................... III-1
  1.1 Who was interviewed................................. III-1

  1.2 About the respondents............................... III-2
    1.2.1 Sex... III-2
    1.2.2 Age... III-4
    1.2.3 Ethnicity....................................... III-7
    1.2.4 Education....................................... III-10

TABLE OF CONTENTS - (continued)

PAGE

CHAPTER III - continued

1.3 Respondent's families.................. III-14
1.3.1 The children: total number per family.................. III-14
1.3.2 Current and former focal children.................. III-17
1.3.3 Intact families.............. III-19
1.3.4 Other relatives.............. III-22

1.4 Involvement in PCC..................... III-24
1.4.1 Spouses' involvement in PCC... III-24
1.4.2 Respondent's involvement - time spent at PCC........... III-26
1.4.3 Time spent on PCC activities at home.................... III-30
1.4.4 Policy Advisory Council membership................. III-33

1.5 Employment............................. III-35
1.5.1 Employment status - mothers... III-35
1.5.2 Employment status - fathers... III-40
1.5.3 PCC's role in aiding parents' employment................. III-44

1.6 Welfare................................ III-45

2.0 Summary.................................... III-46

CHAPTER IV - PARENTING

1.0 Alternative solutions to everyday problems.... IV-1
1.1 Stimulus materials..................... IV-2
1.2 Analysis of the data................... IV-4
1.3 "Child grabs an unwanted item while mother shops"....................... IV-5
1.3.1 The number of solutions....... IV-7
1.3.2 Types of solutions: first response................... IV-10
1.3.3 Types of solutions: all responses.................. IV-13

1.4 Teaching danger avoidance.............. IV-17
1.4.1 The number of solutions....... IV-19
1.4.2 Types of solutions: first response................... IV-21
1.4.3 Types of solutions: all responses.................. IV-23

TABLE OF CONTENTS - (continued)

PAGE

CHAPTER IV - continued

1.5 Nuisance termination.................... IV-27
1.5.1 The number of solutions....... IV-29
1.5.2 Types of solutions: first response.................... IV-31
1.5.3 Types of solutions: all responses.................. IV-33

1.6 Nocturnal crying....................... IV-37
1.6.1 The number of solutions....... IV-38
1.6.2 Types of solutions: first response.................... IV-40
1.6.3 Types of solutions: all responses.................. IV-43

1.7 Sharing behavior....................... IV-46
1.7.1 The number of solutions....... IV-47
1.7.2 Types of solutions: first response.................... IV-49
1.7.3 Types of solutions: all responses.................. IV-52

1.8 Aggression toward others............... IV-55
1.8.1 The number of solutions....... IV-56
1.8.2 Types of solutions: first response.................... IV-58
1.8.3 Types of solutions: all responses.................. IV-61

1.9 Summary of solutions to alternatives... IV-64

2.0 Basic issues and feelings involved in child rearing.................................. IV-66

2.1 Sex education.......................... IV-66
2.1.1 Distribution of responses..... IV-67

2.2 Toilet training........................ IV-71
2.2.1 Distribution of responses..... IV-71

2.3 The pleasures of parenthood............ IV-74
2.3.1 Distribution of responses..... IV-75

2.4 The liabilities of parenthood.......... IV-79
2.4.1 Distribution of responses..... IV-80

2.5 Summary on basic issues and feelings... IV-83

TABLE OF CONTENTS - (continued)

CHAPTER IV - continued

PAGE

3.0 Parenting attitudes, behavior, and feelings IV-84
  3.1 Feelings of adequacy as a parent IV-85
    3.1.1 "I feel I am a good mother." .. IV-86
    3.1.2 "I worry about whether I'm doing right for my children." IV-86
    3.1.3 "The children are just too much for me to handle."........... IV-87
  3.2 Parenting behavior IV-88
    3.2.1 "I hold my baby when I give him milk." IV-89
    3.2.2 "I keep my baby in his crib; that way, he won't get into trouble." IV-89
    3.2.3 "I talk to my baby while he is eating." IV-90
  3.3 Attitudes and knowledge of child development IV-91
    3.3.1 "As long as you take basic care of your baby, for example feed and clean him, he should turn out just fine." IV-92
    3.3.2 "Most babies of a particular age are pretty much alike.".. IV-93
    3.3.3 "Babies can't learn much before the age of one." IV-94
    3.3.4 "Babies of about a year and a half aren't interested in books. They just tear them." IV-95
    3.3.5 "Being a good mother is a really important job." IV-96
  3.4 Summary of parenting attitudes, behavior, and feelings IV-97
    3.4.1 Feelings of adequacy as a parent IV-97
    3.4.2 Parenting behavior IV-97
    3.4.3 Attitudes and knowledge of child development IV-97

CHAPTER V - SELF-CONCEPT

1.0 Description of items V-1
2.0 Urban-rural differences V-3
3.0 Factor analysis V-5
  3.1 Urban factor structure V-6

TABLE OF CONTENTS - (continued)

CHAPTER V - continued

PAGE

3.2 Differences as a function of longevity among urban respondents V-8
3.3 Differences as a function of involvement among urban respondents V-10
3.4 Rural factor structure V-10
3.5 Differences as a function of longevity among rural respondents V-13
3.6 Differences as a function of involvement among rural respondents V-16

4.0 Summary of self-concept findings V-16

CHAPTER VI - KNOWLEDGE AND UTILIZATION OF COMMUNITY RESOURCES

1.0 Overview VI-1
2.0 Membership in community groups VI-1
3.0 Educational resources VI-6
3.1 Number of respondents and/or spouses taking courses and level of these courses VI-6
3.2 Number of families that have a library card VI-9
3.3 Number of families that get a daily or weekly newspaper regularly VI-11

4.0 Knowledge and use of available community resources VI-12
4.1 Basic supportive services VI-14
4.1.1 Food stamps VI-15
4.1.2 Commodities VI-18
4.1.3 Medicaid VI-21
4.1.4 Welfare VI-23
4.2 Medical facilities VI-25
4.2.1 Comprehensive health clinic VI-25
4.2.2 Public health clinic VI-27
4.2.3 Public hospital VI-29
4.2.4 Mental health clinic VI-30
4.2.5 Family counseling agencies VI-32
4.2.6 Planned parenthood services VI-33
4.3 Early childhood programs VI-35
4.3.1 Head Start VI-35
4.3.2 Day care or child care program .. VI-37
4.4 Recreational programs.................. VI-38

TABLE OF CONTENTS - (continued)

CHAPTER VI - continued PAGE

4.5 Free legal service (Legal Aid) VI-40
4.6 Housing Authority VI-41
4.7 Resources related to employment VI-42
    4.7.1 State employment office VI-42
    4.7.2 Job training programs VI-44

5.0 Summary VI-45

CHAPTER VII - HEALTH AND NUTRITION

1.0 Overview VII-1
2.0 Health care VII-2
  2.1 Pre-natal care VII-2
  2.2 Immunizations VII-3
  2.3 Medical check-ups VII-7
    2.3.1 Check-ups during the first year of life VII-8
    2.3.2 Check-ups for the child between 1 and 4 .... VII-11
    2.3.3 Annual examinations for other family members VII-12
  2.4 Ongoing medical treatment VII-13
    2.4.1 Treatment for medical/psychological problems of children VII-14
    2.4.2 Treatment for medical/psychological problems of parents VII-15
  2.5 Dental care VII-16
    2.5.1 Dental check-up for children VII-16
    2.5.2 Treatment of children's dental problem VII-18
    2.5.3 Dental check-ups for adults VII-19
    2.5.4 Treatment of parents' dental problems VII-21
  2.6 Summary of health care findings VII-22

3.0 Nutrition VII-24

APPENDIX

Questionnaire

CHAPTER I

INTRODUCTION

I Introduction

Seven Parent-Child Centers (PCC's) comprise the sample of Centers at which PCC impact on parents is being studied. Case studies of these seven PCC's were presented in Volume I. The present volume deals with the data from the first round of PCC interviews with parents.

The design of the study and the rationale for selection of the particular seven PCC's in the sample were detailed in a previous report.[1] For the reader's convenience, both the design and sample selection are briefly recapitulated here.

1.0 Research design

The design of the study calls for a pre-test at the beginning of the school year (T1), a test of short-term impact after two months (T2), and a post-test at the end of the school year (T3). Comparisons have been made between parents just entering PCC and ongoing members. These comparisons will be made again at the end of the program year, and the new members will be compared over time. Thus, each subject will act as his own control. A design with a control group had been considered, but was rejected, for the following reasons. First, selection of non-PCC Ss in a catchment area adjacent to the PCC would be subject to great sampling error unless the sample size was very large; the inclusion of a sufficiently large sample N would make the evaluation prohibitively expensive. In addition, problems of eliciting participation among representative non-PCC parents in a community where PCC is unknown would have made such a plan unfeasible. Second, the selection of a control group from within the catchment area was ruled out because parents who elect to join PCC are apt to be quite different from those who, though eligible, do not elect to join. Certainly the inclusion of such "non-joiners" might have resulted in severe, uncontrolled sampling bias. Only parents on PCC waiting lists would make suitable controls, but PCC's do not maintain sufficiently large waiting lists over a one-year period to make this feasible. Given these circumstances, it followed that comparisons among PCC newcomers, oldtimers, and among the newcomers themselves, over time, would provide a basis for the most methodologically sound study of PCC impact.

---

[1] Clustering and the selection of a representative sample of Parent-Child Centers for a study of the impact of the National program, Center for Community Research, March 1972.

It was not possible to use the same research design to measure impact on children because age plays such a critical role in very young children. In other words, while it is possible to make comparisons between new and long-term parents, comparisons cannot be made between new children, who tend to be young infants and long-term children, who tend to be older toddlers. Similarly, changes in new mothers over a one-year period can be attributed to PCC with some confidence; changes in children 0 - 3 over a one-year period are attributable primarily to maturation. PCC children age three and over are currently being tested at fourteen PCC's as part of the impact study. Performance of PCC children will be compared with normative data for non-PCC children. While the level of performance of PCC children cannot be directly attributed to PCC, at least it will be possible to make some statements about the level at which PCC children function.

2.0 Selection of sample centers

In September-November 1971, staff of the Center for Community Research (CCR) visited thirty-two of the thirty-three PCC's. Data collected during these visits were used to group the PCC's according to emergent empirical dimensions. The grouping process turned out to be extremely complex because of major, non-systematic differences among most of the programs. As described in CCR's Clustering Report, four methodologically differing attempts to apply factor analytic techniques in clustering the PCC's were unsuccessful. Ultimately, the programs were clustered into five groups in terms of major program emphasis for parents and for children. As detailed in the Clustering Report, the five groupings selected were as follows:

1. Relative emphasis on developing parenting skills among parents and promoting general development among children.

2. Relative emphasis on developing parenting skills among parents and a structured cognitive approach to children's program.

3. Relative emphasis on career development and facilitation of career opportunities among parents and promoting general development among children.

4. Relative emphasis on career development and opportunities for parents and a structured cognitive approach to children's program.

5. Relative emphasis on social and health services for parents and general

development for children.

CCR staff, working in close consultation with the program staff of the Office of Child Development (OCD), chose either one or two Centers from each group. Considerations in selecting actual Center(s) within a group included stability of program, style of outreach, and assurance of urban and rural representation. PCC's with an Advocacy Component were ineligible for consideration, because these PCC's were likely to be atypical of the overall program. Ultimately six PCC's were selected as representatives of the National program. These six PCC's are also representative of the ethnic composition of parents, and of staffing patterns in the National program.

During the Time 1 (T1) site visits, it became clear that one program was changing its modus operandi to such a degree that it appeared likely that the parents interviewed at T1 would no longer be in program at the time of final data collection. Therefore, a seventh PCC was selected in consultation with OCD, so as to insure a minimal sample of six PCC's with a stable parent population. The present report is based on parent interviews conducted at the seven PCC's: Atlanta, Detroit, Harbor City (L.A.), Menomonie, Mount Carmel, Pasco, and St. Louis.

During the course of subsequent site visits, it became clear that major shifts in program style have occured in several of the programs. Thus, these programs are no longer necessarily representative of a particular cluster but are instead illustrative of the multiplicity of PCC variations. This variability in ongoing program thrust becomes apparent in the case studies presented in Volume I.

3.0 Independent variables: subject and program characteristics

The procedures used for T1 subject selection are detailed in Chapter II (Method of Procedure). Selection criteria were designed to ensure representation along the two major independent variables of the study: longevity of membership, and degree of involvement.

Two hypotheses are being tested:

1. The longer a family has been involved in PCC, the greater the impact upon the family.
2. The more involved a family is in PCC, the greater the impact upon the family.

In terms of *longevity*, comparisons are made among 3 groups: (1) families new to the PCC; (2) families which have been enrolled for less than 20 months; and (3) families enrolled 20 months or longer. In terms of *involvement*, each family was rated by staff of its PCC as being highly involved, medium involved, or hardly involved. Difficulties with this procedure and the resulting effort to develop a satisfactory operational definition of involvement are discussed in Chapter II.

At two Centers where different parents are served either in the home or at the Center, data were analyzed in order to determine whether there were any measurable differences between outreach and in-Center parents. This variable is referred to as "locus of service."

Longevity, involvement, and locus of service are treated as independent variables pertaining to parents. In addition, there are independent variables which pertain to PCC's. These include urban/rural communities,and the amount of time the PCC requires that each parent be present at the Center. The latter variable is termed "satiation": at some PCC's the majority of parents simply drop off their children and are involved at the Center for less than one hour per week (low satiation); at other PCC's the majority of mothers participate more than eight hours a week (high satiation). Thus, involvement can be seen not only as an individual S variable, but also as an organizational PCC variable. By way of summarizing the previous discussion, the independent variables of the evaluation can be listed as follows:

PARENT VARIABLES	ORGANIZATIONAL VARIABLES
° longevity of membership	° urban vs. rural
° involvement	° high satiation vs. low satiation for parents
° locus of service	

4.0 Dependent variables: assumptions about program impact

This report deals with the measurement of PCC impact on parents, mostly mothers. In addition, as part of this measurement of impact, data are being gathered on PCC children. However, these results will not be available until after termination of the testing program in May, 1973, and will be the subject of a separate report.

While the central assumption underlying this evaluation is essentially untested, it is part and parcel of common sense and folk wisdom: "good mothering makes for happy children." Stated with more sophistication; this proposition becomes: "Mothers who understand the importance of the early years and who are able to provide their young children with emotional warmth, appropriate stimulation, and good nutrition and health care are likely to promote positive growth in their children."

Building on the Head Start experience, the PCC's have placed considerable emphasis on parent participation, from their inception, vide the word "Parent" in the program title. At most PCC's, parent education is a crucial program component, the underlying philosophy being that the PCC is to teach parents to work with the child, rather than to service the child directly - to facilitate rather than to substitute for parenting.

The PCC's have developed a variety of mechanisms through which parents can become involved in the program. While not all Centers offer all possibilities, and while some Centers offer only a few, the overall range of opportunities is great. Some Centers expect parents to work with their own children in the PCC nursery. Other programs encourage parents to work in the nursery, but not necessarily with their own children. Many Centers conduct child development seminars, home management classes, and workshops. Parent education takes many forms: college courses, informal group discussions, individual impromptu information dissemination and demonstrations. All PCC's have a Policy Advisory Council (PAC) which includes parent membership. Through participation on the PAC's, parents play a major role at the majority of Centers in the determination of program, in hiring of staff, and in budgetary decisions.

With many options open to members, it is still difficult to motivate parents to participate regularly, or in some cases, to participate at all. Although parent involvement was intended as the cornerstone of the PCC concept, translation of this intention into routine practice has been difficult due to numerous constraints. For example, many PCC mothers who must face the day-to-day problems of dealing with a large family with only limited means available, want to leave their child at the Center and to have a few hours of time for themselves. It is difficult to involve these mothers in program, as they feel that they need the hours away from their young children.

Other parents do come to the PCC, but are not involved in the parent education component of the program. Anxious for adult conversation and for the opportunity to air their troubles and feelings, these mothers spend their PCC hours in conversation with other members, while their children work with the teachers.

Some PCC's require that parents participate in activities with their children, and in parent activities. At these Centers, parents who do not participate are contacted either by staff or by other parents to determine the reasons for non-participation. Attempts are made to help alleviate whatever conditions are preventing participation; unmotivated parents who are simply seeking a babysitting facility are dropped from program. Other PCC's do what they can to motivate their membership, but do not require a specific level of participation.

Despite such constraints and their effects on participation, open-ended interviews conducted with parents during the initial visits to all of the PCC's showed that almost all parents felt that PCC had done a great deal for them as people and as parents. The measuring instruments used in this evaluation represent an attempt to quantify those feelings as expressed by PCC parents.

Often, attempts to quantify program impact on parents have failed. As Stearns (1971) has written in her review of the effects of education programs on parents: "Participation of the parents in workshops and meetings at pre-school Centers has not been shown to make reliable changes in parents' attitudes about themselves and their own situations, but measures almost always indicate positive feelings toward the pre-school program . . ." (p.166).

Here, the question of whether or not parents like PCC and feel that it plays a meaningful role in their lives is not at issue. During Phase I interviews at the thirty-two PCC's, 71% of the parents reported that PCC had been "very effective" in helping them and their families. Rather, this study represents an effort to document impact along a number of dimensions. Some previous efforts have failed because they did not take into account specific relevant characteristics, e.g., length of membership and involvement. Others have failed perhaps because they selected areas of impact measurement which were only tangentially related to actual program.

In order to establish appropriate dimensions for measurement of impact, extensive discussions were held with the National OCD PCC Program Coordinators. They were asked to identify areas in which they would expect to find changes in parents as a result of the PCC experience. As an outgrowth of these discussions, in the context of CCR interviews with parents, three areas of possible impact emerged. The following is an overview of these major impact dimensions.

- Parenting

  It is clear that increased knowledge of basic child development and a more positive attitude toward the importance of the maternal role should be a result of the PCC experience. It was the consensus of the National Review Panel that it would be important to avoid such concepts as "good" and "bad" mothering in the evaluation. It was pointed out that the vast majority of mothers hit their children, shout, and act disinterested at times. While PCC might decrease instances of such behavior, it should increase the number of options available to a mother in a given situation.

- Knowledge and use of community and health resources

  It is an objective of every PCC to ensure that parents learn to use whatever resources are available in the community. This includes referral to and coordination with health facilities, public assistance, legal aid, and educational institutions. Thus, it was hypothesized that as a function of the PCC experience, parents would be more knowledgeable about what was available in the community and more active as consumers of community services.

- Self-concept

Much of what CCR staff heard from parents during Phase I interviews seemed to involved descriptions of greater self-regard. In further discussions with the PCC National Coordinators and with the Review Panel, it seemed that there were other aspects of this very vague concept which might be important. As an outgrowth of these discussions, it was decided to focus particular attention on feelings of personal control and the ability to influence events. Low income parents are often discouraged and feel that things are so bad that nothing they can do will make a difference. The notion that events can be influenced, that planning and personal effort can make an important difference, is a cornerstone of the PCC concept.

Another aspect of self-concept involves the definition of self as a person worthy of regard

> by others. Throughout its four-year history, PCC staff and parents have commented on the increased sociability of the parents. Many parents in CCR's Phase I interviews described how, prior to the PCC experience, they were shy and had no friends. With considerable feeling many described the importance in their lives of friendships gained through PCC.
>
> For the purposes of this evaluation, a person with a positive self-concept can be defined as "someone who has a sense of himself as a likeable and competent person, with control over his own life."

The remainder of this report deals with the actual implementation of the evaluation and the results of the T1 interviews with parents.

CHAPTER II

METHOD OF THE STUDY

II. METHOD OF STUDY

1.0 Questionnaire construction

1.1 Demographic section

The demographic section of the interview instrument was adopted from previous CCR questionnaires with only very minor additions or deletions. As can be seen from inspection of the questionnaire, which is to be found in its entirety in Appendix A, questions were asked regarding the ages of all children, the identity of head of household, employment and public assistance status, age, sex, education, and ethnic group membership.

1.2 Parenting section

A section created expressly for this instrument consisted of brief descriptions of problem situations which commonly occur when bringing up small children. This section was designed to learn how many different responses or solutions Ss could generate for each situation, and to gauge the quality of solutions.

Fourteen Likert items were constructed in order to measure feelings, behavior, and knowledge in relation to parenting.

Two projective items were created and pre-tested; one picture depicted a baby lying prone in a crib; the other showed a mother sitting on a couch with a baby lying next to her. Standard TAT instructions were used, asking the subject to tell a story with a beginning, a middle, and ending.

1.3 Knowledge and use of community resources

This section was adopted from a similar instrument developed by CCR for use in the Advocacy Component evaluation. The focus of the instrument is on medical and dental care received, involvement in community activities, and awareness of or contact with a variety of social, educational, or employment-related services.

1.4 Self-concept

Feelings of competence, interpersonal engagement, community involvement, and a sense of future optimism are the constructs underlying this section of the questionnaire. While many items exist which purport to measure these constructs, during the test development it became apparent that few would be usable in the present context.

Perhaps the major difficulty was that almost all scales seem to have been developed among and for middle class populations. Standardization of most scales is typically based on small samples of college or high school students. Items are often worded in the idiomatic usage of middle class culture. Response mechanisms, in many cases, assume a level of abstract conceptual ability inappropriate for use among the sample interviewed.

The search for scales was based on the following set of criteria:

- Items must be clearly stated in terms that _S_s would readily understand. The presence of elaborate vocabulary or allusions was to be avoided.

- Item lists should be approximately balanced for positive and negative content. Often, personality items seem to present a somewhat depressing, even apocalyptic tone which, if included in abundance, might serve to make respondents uncomfortable.

- Response modes should be concrete, and scale points anchored verbally. Such relatively abstract scales as the semantic differential scales were excluded because they request responses along abstract continua which often have little overt relevance to the concept being assessed.

- Response choices should be limited. Seven or nine-point scales provide too many choices, causing _S_s confusion or resulting in use of only part of the scale.

- One response style should be used as a basic format for _all_ the items to be asked. It would probably be unwise to switch partway through the task from a sorting method to a free response method to a forced choice series of labels.

- Finally, responses must be reaily interpretable at the item level. Whatever scale would be selected, individual items should have face validity.

As a response method or scaling technique, Likert-type scales were used. Such scales are advantageous for several reasons. They are symmetrical, ranging from a maximum to a minimum through anywhere from three to seven (or more) response points. Thus, they cover a clearly defined total range of opinion or possibility. They are easily understood, easily scored, and easily precoded, thereby avoiding unnecessary steps in data transcription. They are applicable across a range of stimulus materials.

A five-point scale was used so as to avoid burdening respondents with finer distinctions. The midpoint used was one of balance, but not uncertainty, between extremes. For example, on a scale of agreement/disagreement the middle category was not "don't know," or "can't say," but "neither agree nor disagree." The distinction is important because an "empty" midpoint can provide undecided Ss with a refuge, thereby attenuating item variance.

The Likert scales were presented along continua of agreement, i.e., "agree"-"disagree," and of frequency that a behavior is "like me," i.e., "most of the time or always" to "seldom or never." By keeping the basic anchored 5-point framework for both continua, it was felt that Ss could change response set without difficulty.

No existing scale met all of the criteria listed above. Dean's (1961) Alienation Scale was satisfactory in terms of the constructs measured, and the response mode required. This test comprises three subscales: powerlessness, normlessness, and social isolation. However, almost all of the items are severely negative in content, and are quite middle class in their mode of expression, e.g., "the end often justifies the means," "we are just so many cogs in the machinery of life." A few items were taken from these scales, but in modified form. Other approaches were even less appropriate.

As no existing inventory was usable, other scales were used primarily as a source of ideas for items. The sources most used, other than Dean, were Srole's (1956) Anomia Scale, Rotter and Mulry's (1965) Exploration of Internal Versus External Controls of Reinforcement, and Struening's (1965) Scales of Alienation, Anomia, and Authoritarianism.

One scale was pre-tested intact: Rosenberg's (1965) Self-esteem Scale. The Rosenberg scale consists of ten items

PS 009976

requiring 4-point Likert-style responses. The scale comprises four subscales. As will be discussed later, severe problems emerged during the pre-test of this instrument.

1.5 Nutrition section

Respondents were asked to name the four basic food groups, to name four foods in each group, and to describe four dishes that they typically prepare in order to satisfy the requirements for food in those groups.

2.0 Pre-test of the questionnaire

During August, 1972, twenty-two pre-test interviews were conducted at two PCC's among urban black and Spanish-speaking Ss. In each case, after the interview was completed, the respondent was asked to give her reactions to the questionnaire. The CCR interviewers also noted items which appeared hard to understand, to cause discomfort, or to elicit redundant responses. PCC staff members were asked to assign involvement ratings to respondents so that conditions of actual interviewing could be simulated as fully as possible.

Items were evaluated according to six criteria:

- Clarity and appropriateness of instructions to the interviewer.

- Comprehensibility to the subject and ease of response.

- Minimal apparent level of threat or discomfort to the subject.

- Quality of the data in terms of item statistics, and consistency with other items having partial content overlap.

- Low degree of apparent redundancy with other items.

- The logic of questionnaire flow from one item or topic area to the next.

The background data section, comprised largely of demographic items, remained almost intact, with a few additions. The problem of having staff members assess the involvement levels of participants became apparent. To reduce the level of subjectivity involved, items were added pertaining to the average amount of time S spent in PCC activities each week (either at home or at the Center), how much of that time was spent with the focal child, and what adult sessions or courses the parent participated in at the PCC. Subjective involvement ratings could then be related to these more objective measures during the data analyses.

Initially, the Likert scales and the open-ended parenting items dealt with a wide variety of topics. This made the pretest interviews extremely long: an hour and a quarter at minimum. Sheer length, combined with what was apparently a fair degree of threatening or redundant material, caused considerable restlessness among both respondents and interviewers. Hence, the greatest single objective of revision was to shorten the instrument by at least 30 minutes.

The Likert scales had 56 items in all: 23 using a 5-point agree/disagree scale, 23 using a 5-point always-to-never scale of frequency, and ten items from Rosenberg's Self-esteem Scale which uses a 4-point agreement/disagreement response option. With a pre-test sample of 22, no factor analysis of 56 items could be attempted. However, an item intercorrelation matrix, together with item statistics, was used as a general guide to item selection. The items selected were those which discriminated among *S*s and showed consistency with other similar items.

The ten Rosenberg scale items were removed as a group, because parents found them very disconcerting. Statements such as "at times I think I am no good at all," or "I certainly feel useless at times," or even "I try to think well of myself," were threatening and unpleasant. During discussion, respondents reported that these items made them feel as if these were opinions that the researchers had of them. They reacted defensively and with a "well, now why should you ask me that" attitude which made it clear that these items were inappropriate for this population.

Other items which correlated highly with other items, and which seemed to be saying essentially the same thing, were deleted. For example, "these days a person doesn't know whom he can count on" had a rating profile which was the almost exact compliment of "you can trust most people." The former was omitted in favor of the latter, which is a simpler item.

A few items were rated identically by practically all pre-test Ss. "What I do with my children will decide how they turn out" was one such item. "Playing with babies might be fun but it's pretty much a waste of time" was another. Finally, there were very portentous items such as "the life of man is getting worse" and ones that almost seemed to challenge Ss to give a positive response, such as "I have close friends." All of these were excluded.

The original section of 56 items was reduced to 26, among which fifteen items require the 5-point "always like me/never like me" response and eleven require the 5-point "agree/disagree" form. In terms of content: eleven appear to be parenting items dealing with child development, the other fifteen appear to be social/psychological in nature.

The pre-test showed five of the original open-end parenting items to present unrealistic situations for low income mothers, or to be generally redundant. These items were therefore deleted. For example, the situation posed by "if you have to leave your baby with someone else, how do you go about leaving him?" implied that the "someone else" was probably a stranger. The mothers in the sample almost always leave their children with relatives and the idea of a babysitter is simply irrelevant.

Other items turned out to be highly similar to each other, as in the case of "if your baby seems unusually crabby and out of sorts -- crying -- what are some of the things you do?" in comparison with "if your baby refuses to go to sleep when you put him down at night, what do you do?" The behaviors called for in these two situations seemed nearly identical from one pre-test mother to the next, so the former item was dropped.

Items dealing with overall likes and dislikes about small children were maintained, along with one requesting self-report of the perceived benefits of PCC participation.

The two projective pictures elicited only sketchy responses, and Ss were very slow in generating even these. Since the items were inordinately time-consuming, as well as difficult to score reliably, they were also dropped.

A section adopted almost intact from Head Start research projects, concerning mothers' educational and occupational aspirations for their small children, learning materials in the home, and attempts to teach language by the mother, was dropped entirely. The educational questions showed that hope, expectation, and minimal education considered acceptable by the mother, tended to be at the same identical level. Occupational aspirations were vague, and a checklist of learning materials in the home (paste, scissors, crayons, etc.) did not discriminate among respondents because practically all the items were checked affirmatively.

Finally, the pre-test revealed the need for complete restructuring of the nutrition section. Parents perceived the pre-test version as a school exercise, and resented it on that basis. Not only did Ss resist these questions, but it also became apparent that knowledge was often far removed from behavior. Then, too, the dishes asked for in many cases logically became the foods themselves. For instance, a cereal food is bread and a milk group food is butter. An inexpensive nutritious "dish" involving these is bread and butter.

Consequently, the nutrition section was totally revised to consist of 24-hour recall of all foods served to the family (separately for adults and small children) with ancillary items concerning diet supplements and the representativeness of the menu described for the family.

The pre-test section on service utilization and community participation remained intact.

3.0 Interviewer training

Ten interviewers were trained, and used to collect data. Six of the ten interviewers were CCR permanent staff; of the four non-permanent employees, one had done Phase I PCC interviewing, another was a trained research interviewer, and the last two had an extensive background in urban ghetto social work. Training on the Phase II instruments was conducted at CCR's offices, for a period of two days, including a "classroom" session covering the background and specific purposes of the research's second phase, a review of pre-test findings, an item-by-item analysis of the questionnaire to scrutinize aspects of meaning, administration, potential difficulties, and a practice runthrough of the document in simulated interviewing circumstances. Finally, a post-mortem of practice interviews was used to hone the wording of item statements, of interviewer instructions, and to further orient interviewers.

The preliminary part of the session encompassed a review of study findings to date, and an explanation of the rationale behind selection of areas for measurement of impact.

Three CCR staff who had conducted pre-test interviews presented problems they had encountered during those interviews. The results of pre-test data analyses were summarized. In particular, items which might cause respondent discomfort were discussed, together with techniques which might be used with resistant subjects.

Trainees then went through the Phase II questionnaire item by item, discussing the specific data objectives represented by each item, and the ways in which instructions for each were to be presented. Finally, the group was divided into teams of two for practice interviewing.

Subsequent discussion uncovered several instances in which instructions were ambiguous, pre-structured response lists inadequate, and the flow of questioning not smooth. This resulted in considerable sharpening of interviewer instructions regarding the open-end response items for parenting behavior and nutrition: the types of probes to be used and the specificity of report to be made by the interviewer.

4.0 Overview of field work

Between September 11th and November 10, 1972, 354 Time 1 interviews were conducted at the seven sites. Of the 354 interviews, 67 were conducted with mothers new to the PCC program: those admitted but not yet participating at the time of the interview, or participating for not more than one month. The remaining 287 interviewees were ongoing members, who had been PCC participants for six months or more. The three months' gap between new and ongoing members was intentional: through deletion of this "middle range" it might be expected that differences in impact would be cast into sharp focus.

5.0 Sample selection

Prior to on-site visits, CCR requested from each of the seven participating Centers a complete listing of ongoing members, and of those accepted for membership within the past month. For each ongoing member, two pieces of information were requested: date of enrollment and a rating of involvement based on a 3-point scale. Based upon discussion with the staff most familiar with each parent, the Directors were asked to assign a rating of (3) to parents who participated frequently and actively, a (1) to parents whose attendance at PCC was sporadic and passive, and a (2) to those parents who fit somewhere in between these end points.

The basic sampling plan called for subdividing each list into seven parts, as follows. Among ongoing members, each of the three levels of involvement was divided into two longevity levels (6 to 18 months, and more than 18 months) thus accounting for six groups. The seventh group consisted of new members. Consecutive numbers were assigned to all names within each group. A random numbers table was then used to select individual Ss from each group, seven from each involvement group at the low and medium level and eight from each high involvement group. Ten new parents were chosen in the same manner.

Thus, the prepared ideal sampling design would identify 54 Ss for each PCC as shown in Table II-1 below.

Table II-1. Original sampling plan at each PCC.

LENGTH OF MEMBERSHIP	INVOLVEMENT		
	1	2	3
New members (10)	*	*	*
6-18 months	7	7	8
18 mos. - 4 yrs.	7	7	8

N = 54

* By definition, "new" members could not be rated along this dimension.

These subgroup Ns were selected in order to allow for an attrition rate of 20% between initial and final interviews. If that attrition rate is borne out, the final total sample across six PCC's will consist of approximately 100 Ss each at two lengths of membership, approximately 70 at each of the three involvement levels, and approximately 50 new parents. These cell Ns will be adequate for the purposes of statistical analysis.

The initial target of ten new parents per Center was a pragmatic response to the estimates of PCC Directors, as to what new enrollment rates would be during autumn, when most PCC's enroll the greatest number of new participants.

The sampling plan as originally designed and outlined above was altered due to field conditions. Length of membership as defined, with a splitting point at 18 months, does not in fact divide enrollment lists evenly across all Centers. At one urban PCC, most parents had been in program for more than two years. At another urban Center, many leave after completing one year of program. At Centers where length of membership was heavily skewed toward either end of the continuum, the absolute predefined break point of 18 months was discarded and a *de facto* median point adopted -- that point above and below where half the cases fell.

Involvement ratings, requiring subjective judgments, also posed a problem. Identical criteria of involvement were not used by any two PCC's. At some PCC's where an hour per week is the average time spent, a person could spend an hour a week in program and be considered highly involved. At other PCC's, such a rating might require attendance on alternate weekdays. More important from the viewpoint of design, there was a strong relationship between degree of involvement and length of membership: it seemed that those participants who are interested and committed tend to stay in program longer. Long time low involved members were in very short supply. In general, more members were rated as being highly involved than medium or low involved.

Sample selection procedures discussed above could be achieved for only two of the seven sample Centers. In the others, selection was based on time of membership and on involvement separately. That is, while approximately half of the ongoing members were long-term and half short, and while approximately a third were at each involvement level, the distribution within groups, by individual cells (long-term highly involved, short-term medium involved, etc.) was very uneven.

Additional sampling problems were experienced on location. When the names of preselected Ss were communicated to each PCC, it was hoped that interviewing schedules could be established before the arrival of CCR's interviewers. At two Centers this was not done, because of the late arrival or non-arrival of the participant list. Most often, the first interviews were with long-time, highly involved members. These were people well known to the staffs and usually friendly with them; therefore they tended to be scheduled for interviews first. Quotas for these cells were soon filled, sometimes within two days of the arrival of the interviewers. Cooperation was often more difficult to obtain from other classes of participants. Schedules had to be rearranged to include time-consuming and interference-filled home visits to those who changed their minds, or who were unable to come to the Center to speak with the interviewers. There was also a number of cases where the selected respondent was unavailable, e.g., a death in the family, travel out of town, hospitalization.

In cases where the participant list was sufficiently large, alternate subjects were preselected to substitute for primary Ss who turned out to be unavailable for interview. Frequently, both the primary and alternate lists were exhausted before the design could be completed. In such situations, interviewers adopted a "universe" approach and interviewed whomever was available in order to ensure adequate sample size.

At the three Centers where this "universe approach" method became necessary, interviewers consulted staff members so as to readjust involvement ratings. Names of interviewees were shown to the staff, who reranked *S*s on an ordinal continuum from highest to lowest. Involvement level assignments were then made approximately by thirds. While not as methodologically sound as adherence to some *absolute* standard of involvement, this approach should reflect differences between the high and low levels if such differences do, in fact, exist.

6.0 Subdivision of independent variables for data analysis

6.1 Subject variables

6.1.1 Length of membership

Two separate data runs were performed in order to determine the best manner of treating the longevity variable. First, data were broken according to *absolute* longevity, expressed as exact months of membership. As has already been discussed, this meant that individual PCC's were overrepresented at certain levels and underrepresented at others.

Second, data were run on the basis of a division of *S*s according to *relative* longevity within each Center. As a result, the actual number of months of membership was intermixed at each relative level. For example, the lowest half, determined for each PCC separately, involved those who had been members for up to 13 months at one PCC, nine months at another, and 19 months at a third. Since on-site sampling had not, in every case, adhered strictly to the preplanned longevity breaks, data analyses could proceed in either manner.

While the use of relative breaks produced a few more significant differences among subgroups than did absolute breaks, the distinction was not sufficiently great to warrant such an approach. Particularly as the research is intended to provide a picture of the overall PCC program, across all Centers, it appeared relatively more desirable to use the absolute approach. For this reason, absolute breaks were chosen. In all of the analyses presented, short-term members are those who have been with PCC for 6-20 months, and long-term members are those who have been with PCC for over 20 months.

6.1.2 Involvement

A first question which emerged at the time of analysis was whether the involvement ratings should be divided into three levels (as originally planned) or into two, and whether or not the subjective ratings should be combined in some way with more objective measures of participation.

Separate data runs compared two-way and three-way breaks of involvement among ongoing members. New members were not given involvement ratings, and were omitted from computations. The two-way break pooled those rated low and medium in involvement versus those rated high, and proved to be the more fruitful approach, in terms of the number of statistically significant comparison results. Use of the two-way break had greater face validity as well: PCC staffs tended to feel secure in rating the highest and lowest people, but relatively insecure in the middle range. Since there were more ratings of "high involvement" than in either of the two categories, the two-way break also resulted in fairly numerically equal S groups.

Inspection of the data revealed that there were several PCC's at which most members who were rated as highly involved spent no more than one hour a week in contact with PCC. The inclusion of such respondents in the high involvement group might artifically minimize differences between groups during group comparisons: one hour a week might produce less impact than eight hours a week and so the "highly involved" group would be confounded with respondents who were perhaps not so involved in an absolute sense. As a means to investigating this possibility, comparisons were made among three subgroups in terms of all relevant data. One group was comprised of all parents who were also PCC paraprofessional staff members. These were nearly always rated as highly involved and clearly spend a great number of hours at PCC. The second group consisted of non-staff members who had been rated as highly involved by PCC staff and who reported spending more than eight hours per week in PCC activities. The third group consisted of parents who were rated as low involved, and who spent less than one hour per week in PCC activities.

These analyses showed no systematic differences among the groups, i.e., that regrouping Ss according to staff ratings and number of hours did not produce more significant differences than did use of the staff ratings alone. Thus in all of the data presented in this report, involvement is defined solely by the ratings done by PCC staff.

6.1.3 Locus of service

Due to sample size limitations, it was not possible to sample Ss on the basis of whether they are in-Center or outreach families. However, data were analyzed from two PCC's (one urban and one rural) in which some members are served in the Center, while others are visited in the home. No parents are served both in-Center and in the home. Despite the high probability of committing a Type II error, as the N for each of these groups is small, analyses of differences between the two groups were conducted. The analyses yielded few significant differences. Since this is not a major study variable only statistically significant differences are reported.

6.2 Organizational variables

6.2.1 Urban vs. rural

In the course of running F-tests on the significance of the Likert data (the only section for which such a parametric technique was used), it was found that the locale variable was significant much more often than was either length of membership or involvement level. Consequently, Chi-squares for all appropriate data were run in terms of the urban/rural variable as well. Chi-square was significant at or beyond the .05 level for 73% of the items. Since these results suggest that two different populations are being sampled, all data in this report are presented separately for the four urban and three rural Centers.

6.2.2 High satiation vs. low satiation

As defined in Chapter I, inclusion of the satiation variable is intended to facilitate comparisons of impact between those Centers that demand considerable parent participation in educational activities and those at which parent participation in educational activities is considerably less. PCC's previously categorized in the Clustering Report as high on parenting were, with one exception, also high on this satiation variable. Thus, in those Centers where parenting is stressed, more hours of participation are expected than is the case in those Centers where the emphasis is more on career development or on social services. At three PCC's (one urban and two rural) the expectation is that most parents will be involved weekly in educational group activities. At three PCC's (all urban) involvement in educational activities is less consistent and less intense. At the seventh (rural) PCC, the parents on staff receive a great deal of education whereas other parents essentially come to PCC only to drop their children at the door. Thus, the parent staff data from this Center were analyzed with those from the high satiation PCC's and all other parent data were analyzed together with the low satiation PCC's.

Data analysis on all items revealed that the differences tended to mirror urban-rural differences. This is hardly surprising, as low satiation Centers are all urban, except for the non-parent staff at the one rural Center, noted above. Similarly, except for one urban Center, all of the high satiation Centers are rural. For this reason, it has been impossible to tease out satiation as a separate variable from the urban-rural dimension. Ideally, it should have been possible to include the following analysis:

URBAN		RURAL	
HIGH SATIATION	LOW SATIATION	HIGH SATIATION	LOW SATIATION

However, because there is only a small high satiation urban sample, and the low satiation rural sample is too small for meaningful analysis, data analyses along this dimension are not reported.

6.3 Summary of subdivision of major independent variables for data analysis

Data analyses on all items are presented in terms of the following subgroup comparisons:

- Longevity - New members vs. members for 6-20 months, vs. members for 20+ months.
- Involvement - High involvement vs. low involvement as defined by PCC staff.
- Urban vs. rural - All comparisons are presented separately for urban Centers (4) and rural Centers (3).

REFERENCES

Dean, D. Alienation: its meaning and measurement. American Sociological Review, 26, pp. 753-8, 1961.

Srole, L. Social integration and certain corollaries: an exploratory study. American Sociological Review, 21, pp. 709-716 (see p. 713), December, 1956.

Rotter, J., and Mulry, R. Internal versus external control of reinforcement. Journal of Personality and Social Psychology, 2, pp. 598-604, 1965.

Struening, E. Alienation, anomia, and authoritarianism. American Sociological Review, 30, pp. 768-, 1965.

Rosenberg, M. Society and the adolescent self-image. Princeton, New Jersey: Princeton University Press, 1965.

CHAPTER III

Demographic and Background Data

1.0 Demographic and background data

This chapter will provide a "picture" of the sample population, as well as some indication of parental involvement in the PCC program.

1.1 Who was interviewed

CCR interviewed 354 parents. A breakdown of the sample population according to the major study variables is presented in Tables III-1a and III-1b.

Table III-1a. Distribution of subjects along the longevity variable.

		LONGEVITY		
	TOTAL	NEW	6-20 MO.	20+ MO.
Urban	214	37	94	83
Rural	140	30	54	56
TOTAL	354	67	148	139

Table III-1b. Distribution of subjects along involvement.

		INVOLVEMENT	
	TOTAL	LOW	HIGH
Urban	177	107	70
Rural	110	66	44
TOTAL	287	173	114

All tables will include this information: They will present the respondent N in each category, together with the percentage of the category total which that N represents. The "urban total" and "rural total" columns present the subsample N for each of those categories. The "sample total" cells present the N for each break along a major variable. In every instance, the "involved" N will be less than the "longevity" N, as "new" families did not receive "involvement" ratings. Chi-square analyses were done for all data in which it was possible to group separate categories meaningfully and thus to obtain a cell size equal to at least five. Where chi-square analysis was possible, the significance level or lack of significance is indicated on the frequency table in the text. Actual chi-square contingency tables are to be found in an accompanying volume.

1.2 About the respondents

1.2.1 Sex

Table III-2a. Sex of respondents - longevity variable.

		URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSE		Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Male	N	12	-	2	10	12	-	2	10	-	-	-	-
	%	(3)	-	(1)	(7)	(6)	-	(2)	(12)	-	-	-	-
Female	N	342	67	146	129	202	37	92	73	140	30	54	56
	%	(97)	(100)	(99)	(93)	(94)	(100)	(98)	(88)	(100)	(100)	(100)	(100)
BASE:		354	67	148	139	214	37	94	83	140	30	54	56

Table III-2b. Sex of respondents - involvement variable.

	URBAN-RURAL TOTAL			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Male	12 (4)	7 (4)	5 (4)	12 (6)	7 (6)	5 (7)	- -	- -	- -
Female	275 (96)	166 (96)	109 (96)	165 (94)	100 (94)	65 (93)	110 (100)	66 (100)	44 (100)
Base:	287	173	114	177	107	70	110	66	44

Initially, CCR had planned to interview only PCC mothers. Later, it was decided that the person who bore the primary responsibility for child care would be interviewed. As a result, twelve males were included as part of the study sample. Each of the men are from urban Centers; five are rated as "highly involved" by the staff members with whom they interacted at their respective PCC's.

1.2.2 Age

Table III-3a. Age of respondents - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY***				RURAL LONGEVITY***			
RESPONSE	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Under 21	62 (18)	17 (25)	38 (26)	7 (5)	48 (22)	12 (32)	29 (31)	7 (8)	14 (10)	5 (17)	9 (17)	- -
21-30	187 (53)	42 (63)	79 (53)	66 (47)	106 (50)	22 (60)	44 (47)	40 (48)	81 (58)	20 (67)	35 (65)	26 (46)
31-40	80 (23)	7 (10)	23 (16)	50 (36)	45 (21)	3 (8)	15 (16)	27 (32)	35 (25)	4 (13)	8 (15)	23 (41)
41-50	23 (6)	1 (1)	7 (5)	15 (11)	13 (6)	- -	5 (5)	8 (10)	10 (7)	1 (3)	2 (4)	7 (12)
Over 50	2 (1)	- -	1 (1)	1 (1)	2 (1)	- -	1 (1)	1 (1)	- -	- -	- -	- -
Base:	354	67	148	139	214	37	94	83	140	30	54	56

*** Chi-square significant at the .001 level.

Table III-3b. Age of respondents - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Under 21	45 (16)	31 (18)	14 (12)	36 (21)	23 (22)	13 (19)	9 (8)	8 (12)	1 (2)
21-30	145 (50)	86 (50)	59 (52)	84 (47)	53 (50)	31 (44)	61 (55)	33 (50)	28 (64)
31-40	73 (25)	45 (26)	28 (25)	42 (24)	21 (20)	21 (30)	31 (28)	24 (36)	7 (16)
41-50	22 (8)	9 (5)	13 (11)	13 (7)	8 (8)	5 (7)	9 (8)	1 (2)	8 (18)
Over 50	2 (1)	2 (1)	- -	2 (1)	2 (2)	- -	- -	- -	- -
Base:	287	173	114	177	107	70	110	66	44

Members' modal age is between 21 and 30 years. Fifty-eight percent of the rural and 50% of the urban respondents are in this category.

Rural respondents tend to be slightly older than their urban counterparts: 32% of the rural sample is between 31 and 50 compared to 27% of the urban population. Conversely, the under 21 group is most heavily represented in the urban sample.

The age difference between long-time members and new members is statistically significant in both the rural and urban subsamples. That is, long-time (20+ months) members are older than short-term or new members.

The new members comprise the youngest group. Eighty-eight percent of all new members are under thirty years of age; one quarter under 21. This is rather interesting as several PCC Directors have spoken of the programs' desire to attract young mothers, those with only one or two children who may not have become set in their patterns of parenting behavior.

In terms of involvement, none of the differences are statistically significant. There is a tendency among rural parents for the highly involved to be younger than are the less involved. Among urban respondents, the trend is in the opposite direction. The highly involved parents tend to be somewhat older than are the less involved.

1.2.3 Ethnicity

Table III-4a. Ethnic grouping of respondents - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Black	170 (48)	30 (45)	84 (57)	56 (40)	169 (79)	30 (81)	84 (89)	55 (66)	1 (1)	- -	- -	1 (2)
Puerto Rican	6 (2)	- -	1 (1)	5 (4)	6 (3)	- -	1 (1)	5 (6)	- -	- -	- -	- -
Mexican-American	59 (17)	11 (16)	18 (12)	30 (22)	24 (11)	4 (11)	5 (5)	15 (18)	35 (25)	7 (23)	13 (24)	15 (27)
Other Caucasian	100 (28)	21 (31)	38 (26)	41 (29)	8 (4)	2 (5)	1 (1)	5 (6)	92 (66)	19 (63)	37 (68)	36 (64)
Oriental	7 (2)	1 (1)	3 (2)	3 (2)	7 (3)	1 (3)	3 (3)	3 (4)	- -	- -	- -	- -
American Indian	12 (3)	4 (6)	4 (3)	4 (3)	- -	- -	- -	- -	12 (9)	4 (13)	4 (7)	4 (7)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Table III-4b. Ethnic grouping of respondents - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Black	140 (49)	88 (51)	52 (46)	139 (78)	88 (82)	51 (73)	1 (1)	- -	1 (2)
Puerto Rican	6 (2)	3 (2)	3 (3)	6 (3)	3 (3)	3 (4)	- -	- -	- -
Mexican-American	48 (17)	26 (15)	22 (19)	20 (11)	9 (8)	11 (16)	28 (25)	17 (26)	11 (25)
Other Caucasian	80 (28)	48 (28)	32 (28)	7 (4)	4 (3)	3 (4)	73 (66)	44 (67)	29 (66)
Oriental	6 (2)	4 (2)	2 (2)	6 (3)	4 (4)	2 (3)	- -	- -	- -
American Indian	8 (3)	5 (3)	3 (3)	- -	- -	- -	8 (7)	5 (8)	3 (7)
Base:	287	173	114	177	107	70	110	66	44

Blacks are the most heavily represented single ethnic group in the sample. They account for almost half of the total sample population and approximately four-fifths (79%) of the urban respondents.

The urban sample contains a wider range of ethnic groups than does the rural sample. Persons from all ethnic backgrounds, with the exception of American Indian, were interviewed at the urban sites, whereas the majority of rural respondents are "other Caucasian."

Blacks are significantly under-represented in the long-time membership category; whereas proportionately there are more Mexican-Americans in this group. However, this discrepancy is due to sampling error. The Mexican-Americans all come from one urban center whose membership tends to be skewed in the direction of longevity.

1.2.4 Education

Table III-5a. Education of respondents - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY **			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
6th grade or less	36 (10)	5 (7)	9 (6)	22 (16)	19 (9)	2 (5)	5 (5)	12 (14)	17 (12)	3 (10)	4 (7)	10 (18)
7-9	62 (18)	8 (12)	26 (18)	29 (21)	28 (13)	3 (8)	16 (17)	9 (11)	34 (24)	5 (17)	10 (18)	19 (34)
10-11	113 (32)	23 (34)	49 (33)	41 (29)	77 (36)	10 (27)	35 (37)	32 (39)	36 (26)	13 (43)	14 (26)	9 (16)
Completed High School	102 (29)	21 (31)	45 (30)	36 (26)	59 (28)	14 (38)	24 (26)	21 (25)	43 (31)	7 (23)	21 (39)	15 (27)
Some college	34 (10)	8 (12)	19 (13)	7 (5)	24 (11)	6 (16)	14 (15)	4 (5)	10 (7)	2 (7)	5 (9)	3 (5)
College graduate	5 (1)	1 (1)	- -	4 (3)	5 (2)	1 (3)	- -	4 (5)	- -	- -	- -	- -
Other	2 (1)	1 (1)	- -	1 (1)	2 (1)	1 (3)	- -	1 (1)	- -	- -	- -	- -
Base:	354	67	148	139	214	37	94	83	140	30	54	56

** Chi-square significant at the .01 level

Table III-5b. Education of respondents - involvement variable

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
6 or less	31 (11)	16 (9)	15 (13)	17 (10)	9 (8)	8 (11)	14 (13)	7 (11)	7 (16)
7-9	54 (19)	37 (21)	17 (15)	25 (14)	17 (16)	8 (11)	29 (26)	20 (30)	9 (20)
10-11	90 (31)	59 (34)	31 (27)	67 (38)	43 (40)	24 (34)	23 (21)	16 (24)	7 (16)
Completed High School	81 (28)	45 (26)	36 (32)	45 (25)	26 (24)	19 (27)	36 (33)	19 (29)	17 (39)
Some college	26 (9)	13 (8)	13 (11)	18 (10)	9 (8)	9 (13)	8 (7)	4 (6)	4 (9)
College graduate	4 (1)	2 (1)	2 (2)	4 (2)	2 (2)	2 (3)	- -	- -	- -
Other	1 (0)	1 (1)	- -	1 (1)	1 (1)	- -	- -	- -	- -
Base:	287	173	114	177	107	70	110	66	44

Urban parents have had more years of schooling than have the rural respondents. Eighty-eight percent (88%) of the urban respondents reported having had ten or more years of schooling, whereas only 64% of the rural subjects attained the same level. Proportionately more rural respondents reported having completed high school (31% compared to 28%), however, proportionately more urban respondents are included in the entire range, i.e., ten years through college. The difference between samples is more pronounced at the upper end of the education continuum, that is, the urban sample is, in the aggregate, better educated.

The data suggest that the PCC's have been steadily attracting more educated participants. In both urban and rural Centers, the new members interviewed have attended school for more years than have the ongoing members. In the rural sample, these differences between long-time and new members achieve statistical significance.

As a group, both urban and rural short-time (6-20 months) members are more educated than are long-time members, though less educated than are the new parents. This difference in education between short and long-time members is more pronounced among the rural respondents. Seventy-four percent of short-time, and only 48% of the long-time rural parents, have completed 10 years or more of schooling.

There seems to be no connection between amount of education and degree of involvement in program. That is, looking at the statistics for involvement level, using 10 or more years of schooling as the break, it can be seen that the differences between groups are slight.

1.3 Respondent's families

1.3.1 The children: total number per family

Table III-6a. Total number of children per family - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY***				RURAL LONGEVITY***			
RESPONSES	Sam-ple	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
One	65 (18)	19 (28)	41 (28)	5 (4)	44 (21)	13 (35)	27 (29)	4 (5)	21 (15)	6 (20)	14 (26)	1 (2)
Two	77 (21)	15 (22)	37 (25)	25 (18)	54 (25)	10 (27)	25 (27)	19 (23)	23 (16)	5 (17)	12 (22)	6 (11)
Three	64 (18)	14 (21)	20 (14)	30 (22)	39 (18)	6 (16)	16 (17)	17 (20)	25 (18)	8 (27)	4 (7)	13 (23)
Four	49 (14)	7 (10)	18 (12)	24 (17)	24 (11)	2 (5)	9 (10)	13 (16)	25 (18)	5 (17)	9 (17)	11 (20)
Five	36 (10)	7 (10)	12 (8)	17 (12)	16 (8)	3 (8)	4 (4)	9 (11)	20 (14)	4 (13)	8 (15)	8 (14)
Six	24 (7)	3 (4)	7 (5)	14 (10)	13 (6)	2 (5)	3 (3)	8 (10)	11 (8)	1 (3)	4 (7)	6 (11)
Seven	19 (5)	2 (3)	7 (5)	10 (7)	11 (5)	1 (3)	6 (6)	4 (5)	8 (6)	1 (3)	1 (2)	6 (11)
Eight	10 (3)	- -	3 (2)	7 (5)	7 (3)	- -	2 (2)	5 (6)	3 (2)	- -	1 (2)	2 (4)
Nine or more	10 (3)	- -	3 (2)	7 (5)	6 (3)	- -	2 (2)	4 (5)	4 (3)	- -	1 (2)	3 (5)
Base:	354	67	148	139	214	37	94	83	140	30	54	56
Average number of children per family	3.46	2.79	3.00	4.41	3.35	2.51	2.95	4.17	3.77	3.10	3.24	4.64

*** Chi-square significant at the .001 level

Table III-6b. Total number of children per family - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
One	46 (16)	30 (17)	16 (14)	31 (18)	19 (18)	12 (17)	15 (14)	11 (17)	4 (9)
Two	62 (22)	34 (20)	28 (24)	44 (25)	28 (26)	16 (23)	18 (16)	6 (9)	12 (27)
Three	50 (17)	33 (19)	17 (15)	33 (19)	22 (21)	11 (16)	17 (15)	11 (17)	6 (14)
Four	42 (15)	27 (16)	15 (13)	22 (12)	11 (10)	11 (16)	20 (18)	16 (24)	4 (9)
Five	29 (10)	14 (8)	15 (13)	13 (7)	7 (7)	6 (9)	16 (14)	7 (11)	9 (21)
Six	21 (7)	15 (9)	6 (5)	11 (6)	8 (8)	3 (4)	10 (9)	7 (11)	3 (7)
Seven	17 (6)	9 (5)	8 (7)	10 (6)	5 (5)	5 (7)	7 (6)	4 (6)	3 (7)
Eight	10 (3)	6 (3)	4 (4)	7 (4)	3 (3)	4 (5)	3 (3)	3 (5)	- -
Nine	10 (3)	5 (3)	5 (4)	6 (3)	4 (4)	2 (3)	4 (4)	1 (2)	3 (7)
Base:	287	173	114	177	107	70	110	66	44
Average number of children per family	3.65	3.58	3.74	3.42	3.43	3.66	3.91	3.92	4.00

The average number of children per family is higher in rural families than in urban families; an average of 3.77 children/family compared to 3.35 children/family, respectively. One-half (51%) of the rural families, and only 36% of the urban families,have four or more children.

Long-time families, both urban and rural, have more children than do either short-time or new members. These differences are statistically significant. This is not at all surprising, as the long-time members are significantly older and hence have had a longer time in which to have a family.

In terms of involvement, the differences within urban and rural are slight, although in both cases the more involved families have more children.

. . .

1.3.2 Current and former focal children

Table III-7a. Total number of current and former focal children - longevity variable.

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Current focal children	524	97	216	211	314	51	139	124	210	46	77	87
Mean number per respondents	1.48	1.45	1.46	1.52	1.47	1.38	1.48	1.49	1.50	1.53	1.43	1.55
Former focal children	151	-	33	118	67	-	13	54	84	-	20	64
Mean number per respondents	.43	-	.22	.85	.31	-	.14	.65	.60	-	.37	1.14
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Table III-7b. Total number of current and former focal children - involvement variable.

RESPONSES	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
	Sample	Low	High	Total	Low	High	Total	Low	High
Current focal children	427	262	165	263	158	105	164	104	60
Mean number per respondent	1.49	1.51	1.45	1.48	1.48	1.50	1.49	1.58	1.36
Former focal children	151	87	64	67	45	22	84	42	42
Mean number per respondent	.53	.50	.56	.38	.42	.31	.76	.63	.96
Base:	287	173	114	177	107	70	110	66	44

Five hundred and twenty-four children are enrolled in PCC by the 354 families interviewed. Thus, there are an average of 1.48 focal children per family. The differences across all variables are slight and generally correspond to the data presented in the previous table.

There is a total of 151 former focal children, the greater proportion coming from the rural programs.

1.3.3 Intact families

Table III-8a. Number of respondents with spouse living at home - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY *				RURAL LONGEVITY *			
RESPONSES	Sam-ple	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Spouse at home	171 (48)	28 (42)	62 (42)	81 (58)	78 (36)	11 (30)	28 (30)	39 (47)	93 (66)	17 (57)	34 (63)	42 (75)
No spouse at home	183 (52)	39 (58)	86 (58)	58 (42)	136 (64)	26 (70)	66 (70)	44 (53)	47 (34)	13 (43)	20 (37)	14 (25)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

* Chi-square significant at .05 level

Table III-8b. Number of respondents with spouse living at home - involvement variable.

	URBAN-RURAL TOTALS			URBAN * INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Spouse at home	143 (50)	78 (45)	65 (57)	67 (38)	34 (32)	33 (47)	76 (69)	44 (67)	32 (73)
No spouse at home	144 (50)	95 (55)	49 (43)	110 (62)	73 (68)	37 (53)	34 (31)	22 (33)	12 (27)
Base:	287	173	114	177	107	70	110	66	44

* Chi-square significant at .05 level

Almost twice as many intact families are found among rural respondents as are found among urban respondents.

Overall, there are significantly more intact families among long-time members. Almost half of the urban long-time members and three-quarters of the rural, have spouses living at home. Significantly, fewer of the new mothers have husbands than do long-time PCC mothers. Since the long-time mothers are significantly older (although the absolute difference in ages is not great), this decrease in the number of intact families may be a function of changing mores or, among urban respondents, of a situation of greater trust in the interview situation among long-time PCC members. That is, urban poor often keep hidden the fact that they have a husband lest they lose their welfare eligibility. Thus, in many studies, the number of intact families is under-reported. Such may well be the case with the new families who may not yet trust the PCC, and who certainly have no reason to trust CCR staff.

More of the involved families tend to be intact. This tendency becomes statistically significant among the urban sample.

The ability to become involved in PCC may, in part, be dependent on personal stability and level of integration. In families where there is a husband present, he can lend support to the family, and thus give the mother the opportunity to become involved in something, like PCC.

1.3.4 Other relatives

Table III-9a. Persons other than respondent or children who are living in the home - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY***				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Spouse	171 (48)	28 (42)	62 (42)	81 (58)	78 (36)	11 (30)	28 (30)	39 (47)	93 (66)	17 (57)	34 (63)	42 (75)
Respondent's mother	54 (15)	13 (19)	31 (21)	10 (87)	52 (24)	13 (35)	29 (31)	10 (12)	2 (1)	- -	2 (4)	- -
Respondent's father	23 (6)	7 (10)	14 (9)	2 (1)	22 (10)	7 (19)	13 (14)	2 (2)	1 (1)	- -	1 (2)	- -
Others	53 (15)	10 (15)	28 (19)	15 (11)	47 (22)	9 (24)	26 (28)	12 (14)	6 (4)	1 (3)	2 (4)	3 (5)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Note: Some respondents report no other person living in the home, and some report more than one person. Therefore, percentages add up to more or less than 100%.

*** Chi-square significant at the .001 level

Table III-9b. Persons other than respondent or children who are living in the home - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED*			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Spouse	143 (50)	78 (45)	65 (57)	67 (38)	34 (32)	33 (47)	76 (69)	44 (67)	32 (73)
Respondent's mother	41 (14)	27 (16)	14 (12)	39 (22)	26 (24)	13 (19)	2 (2)	1 (1)	1 (2)
Respondent's father	16 (6)	11 (63)	5 (4)	15 (8)	10 (9)	5 (7)	1 (1)	1 (1)	- -
Others	43 (15)	33 (19)	10 (9)	38 (21)	30 (28)	8 (11)	5 (4)	3 (4)	2 (5)
Base:	287	173	114	177	107	70	110	66	44

Note: Some respondents report no other person living in the home, and some report more than one person. Therefore, percentages add up to more or less than 100%.

* Chi-square is significant at .05 level

This table presents data on the number of relatives other than respondents' children who are living in the home. The "other" category includes respondents' siblings, grandparents, aunts, uncles, etc. Some respondents reported more than one relative in the home.

Urban respondents report far more relatives living in the home than do the rural respondents. Fifty-six percent (56%) of the urban respondents and only 6% of the rural respondents report living with one or more relatives. The long-time and the highly involved members, those with the highest percentages of intact families, have significantly fewer other relatives in the home.

1.4 Involvement in PCC

1.4.1 Spouses' involvement in PCC

Table III-10a. Ongoing member spouses involved in PCC - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY *				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
PCC involved	61 (43)	- -	21 (34)	40 (49)	29 (43)	- -	7 (25)	22 (56)	32 (37)	- -	14 (41)	18 (43)
Not involved	82 (57)	- -	41 (66)	41 (51)	38 (57)	- -	21 (75)	17 (44)	44 (63)	- -	20 (59)	24 (57)
Base:	143	-	62	81	67	-	28	39	76	-	34	42

* Chi-square is significant at the .05 level

Table III-10b. Ongoing member spouses involved in PCC - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
PCC involved	61 (43)	30 (38)	31 (48)	29 (43)	15 (44)	14 (42)	32 (42)	15 (34)	17 (53)
Not involved	82 (57)	48 (62)	34 (52)	38 (57)	19 (56)	19 (58)	44 (58)	29 (66)	15 (47)
Base:	143	78	65	67	34	33	76	44	32

Forty-three percent of all spouses living at home are reported to be in some way involved with the PCC program.

More than twice as many long-time urban members as short-time urban members have PCC-involved spouses. The difference along length of membership for rural respondents is negligible. The question can be raised as to whether long-term members remain so long that their husbands tend to get involved or whether the involvement and interest of the husband in PCC strengthens and supports the sustained interest of the mother.

Among rural respondents, a somewhat higher proportion of highly involved parents report that their spouses are involved in program than do the parents rated lower on the involvement scale. This difference is not statistically significant however.

1.4.2 Respondent's involvement - time spent at PCC

Table III-11a. Average time spent at PCC - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY *			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
0-1 hour	55 (19)	- -	31 (21)	24 (17)	37 (21)	- -	16 (17)	21 (25)	18 (16)	- -	15 (28)	3 (5)
1-2 hours	39 (14)	- -	22 (15)	17 (12)	30 (17)	- -	16 (17)	14 (17)	9 (8)	- -	6 (11)	3 (5)
2-4 hours	56 (20)	- -	36 (24)	20 (14)	37 (21)	- -	28 (30)	9 (11)	19 (17)	- -	8 (15)	11 (20)
4-8 hours	54 (19)	- -	25 (17)	29 (21)	22 (12)	- -	10 (11)	12 (15)	32 (29)	- -	15 (28)	17 (30)
8 or more hours	83 (29)	- -	34 (23)	49 (35)	51 (29)	- -	24 (26)	27 (32)	32 (29)	- -	10 (19)	22 (39)
Base:	287	-	148	139	177	-	94	83	110	-	54	56

* Chi-square significant at the .05 level

Table III-11b. Average time spent at PCC - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED **			RURAL INVOLVED **		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
0-1 hour	55 (19)	46 (26)	9 (8)	37 (21)	29 (27)	8 (11)	18 (16)	17 (26)	1 (2)
1-2 hours	39 (14)	24 (14)	15 (13)	30 (17)	17 (16)	13 (19)	9 (8)	7 (11)	2 (5)
2-4 hours	56 (20)	38 (22)	18 (16)	37 (21)	27 (25)	10 (14)	19 (17)	11 (17)	8 (18)
4-8 hours	54 (19)	34 (20)	20 (18)	22 (12)	11 (10)	11 (16)	32 (29)	23 (35)	9 (21)
8 or more hours	83 (29)	31 (18)	52 (46)	51 (29)	23 (22)	28 (40)	32 (29)	8 (12)	24 (55)
Base:	287	173	114	177	107	70	110	66	44

** Chi-square significant at the .01 level

As an indication of parents' involvement in PCC, respondents were asked to report the average number of hours per week spent at the Center. This was to mean time spent engaged in PCC-related activities as opposed to dropping off or picking up a child. Only ongoing members were asked this question as responses from new parents would not be meaningful.

Rural respondents spend more time at the PCC than do urban members. Fifty-eight percent of the rural, and 41% of the urban respondents, spend an average of 4 or more hours per week at the PCC. This is accounted for by the pronounced difference in the 4 to 8 hour time interval; the urban-rural percentages are exactly the same in the 8 or more hours bracket.

Long-time members tend to spend more time at the PCC than do short-time members; the difference is statistically significant among rural parents.

Significantly more highly involved parents, both urban and rural, spend a greater amount of time at the PCC. This finding supports the validity of the data, as time spent at the Center was one of the criteria used by PCC staff for assigning involvement ratings. Regardless of individual involvement ratings, the data suggest that rural parents are more involved than urban parents in terms of time spent at the PCC in in-Center program.

The amount of time spent at the PCC is dependent on more than parents' motivation or desire to participate. Granted that these are important factors, there must also be program outlets for participation, i.e., parenting education, classroom activities, nutrition sessions, etc. The question of motivation is also related to external environmental variables: in cities, PCC faces competition with many other stimuli and facilities which can take up a mother's time; in rural areas, there are far fewer diversions.

1.4.3 Time spent per week on PCC activities at home

Table III-12a. Average time spent at home on PCC activities-longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY *				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
0-1 hour	96 (33)	- -	47 (32)	49 (35)	61 (34)	- -	26 (28)	35 (42)	35 (32)	- -	21 (39)	14 (25)
1-2 hours	58 (20)	- -	26 (18)	32 (23)	30 (17)	- -	15 (16)	15 (18)	28 (25)	- -	11 (20)	17 (30)
2-4 hours	39 (14)	- -	18 (12)	21 (15)	24 (14)	- -	11 (12)	13 (16)	15 (14)	- -	7 (13)	8 (14)
4-8 hours	46 (16)	- -	27 (18)	19 (14)	27 (15)	- -	16 (17)	11 (13)	19 (17)	- -	11 (20)	8 (14)
8 or more hours	48 (17)	- -	30 (20)	18 (13)	35 (20)	- -	26 (28)	9 (11)	13 (12)	- -	4 (7)	9 (16)
Base:	287	-	148	139	177	-	94	83	110	-	54	56

* Chi-square significant at the .05 level

Table III-12b. Average time spent at home on PCC activities - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL * INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
0-1 hour	96 (33)	65 (38)	31 (27)	61 (34)	39 (36)	22 (31)	35 (32)	26 (39)	9 (21)
1-2 hours	58 (20)	35 (20)	23 (20)	30 (17)	17 (16)	13 (19)	28 (25)	18 (27)	10 (23)
2-4 hours	39 (14)	24 (14)	15 (13)	24 (14)	15 (14)	9 (13)	15 (14)	9 (14)	6 (14)
4-8 hours	46 (16)	25 (14)	21 (18)	27 (15)	16 (15)	11 (16)	19 (17)	9 (14)	10 (23)
8 or more hours	48 (17)	24 (14)	24 (21)	35 (20)	20 (19)	15 (21)	13 (12)	4 (6)	19 (21)
Base:	287	173	114	177	107	70	110	66	44

* Chi-square significant at the .05 level

Whereas long-time members report spending more time at PCC than do short-time members, this is not true, overall, for home activities. Urban short-time members report spending more time in PCC-related activities at home than do long-time urban members. These differences are statistically significant. The rural long-time respondents spend somewhat more time in home activities than do short-time members, but the differences are smaller than those shown for in-Center time.

The differences have also narrowed in terms of the involvement variable. For in-Center activities, a marked difference was noted between urban low and high involvement respondents spending eight or more hours at the PCC. These differences were even more marked among rural respondents. In the table above, we now find less marked differences, although the rural differences are statistically significant: highly involved mothers tend to spend more time working with their children at home in PCC-related activities than do low-involved mothers.

1.4.4 Policy Advisory Council membership

Table III-13a. Number of ongoing members belonging to PAC - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Council member	69 (24)	- -	38 (26)	31 (22)	40 (23)	- -	23 (24)	17 (20)	29 (26)	- -	15 (28)	14 (25)
Non-council member	218 (76)	- -	110 (74)	108 (78)	137 (77)	- -	71 (76)	66 (80)	81 (74)	- -	39 (72)	42 (75)
Base:	287	-	148	139	177	-	94	83	110	-	54	56

Table III-13b. Number of ongoing members belonging to PAC - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Council member	69 (24)	32 (18)	37 (32)	40 (23)	20 (19)	20 (29)	29 (26)	12 (18)	17 (39)
Non-council member	218 (76)	141 (82)	77 (68)	137 (77)	87 (81)	50 (71)	81 (74)	54 (82)	27 (61)
Base:	287	173	114	177	107	70	110	66	44

Although various PCC activities are listed as part of this item on the questionnaire, only PAC membership was tabulated. Interviewers were instructed not to read the list except as a probe for persons having difficulty in answering. When the list was not read, responses were too vague to categorize (e.g., "I do whatever I can.") If the list was read, subjects tended to affirm most (or all) of the topics mentioned with a regularity as to render the data meaningless.

As would be expected, highly involved parents are more likely to be PAC members than are less involved parents. It is interesting to note that approximately one-fourth of all parents interviewed are on the PAC.

1.5 Employment

1.5.1 Employment status - mothers

Table III-14a. Ongoing mother's employment status before joining PCC - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Employed full-time	35 (12)	- -	18 (12)	17 (12)	21 (12)	- -	10 (11)	11 (14)	14 (13)	- -	8 (15)	6 (11)
Employed part-time	40 (14)	- -	16 (11)	24 (18)	14 (8)	- -	8 (9)	6 (8)	26 (24)	- -	8 (15)	18 (32)
Not employed	206 (73)	- -	112 (77)	94 (70)	136 (80)	- -	74 (80)	62 (79)	70 (64)	- -	38 (70)	32 (57)
Base:	281	-	146	135	171	-	92	79	110	-	54	56

Note: Base is ongoing member families with a mother in the home

Table III-14b. Ongoing mother's employment status before joining PCC - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Employed full-time	35 (12)	23 (14)	12 (11)	21 (12)	13 (13)	8 (12)	14 (13)	10 (15)	4 (9)
Employed part-time	40 (14)	24 (14)	16 (14)	14 (8)	11 (11)	3 (4)	26 (24)	13 (20)	13 (30)
Not employed	206 (73)	122 (72)	84 (75)	136 (80)	79 (77)	57 (84)	70 (64)	43 (65)	27 (61)
Base:	281	169	112	171	103	68	110	66	44

Note: Base is ongoing member families with a mother in the home

Table III-15a. Mother's employment status at time of interview - longevity variable.

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY **				RURAL LONGEVITY			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Employed full-time	68 (20)	6 (9)	23 (16)	39 (29)	34 (16)	3 (8)	11 (12)	20 (25)	34 (24)	3 (10)	12 (22)	19 (34)
Employed part-time	35 (10)	6 (9)	14 (10)	15 (11)	17 (8)	1 (3)	7 (8)	9 (11)	18 (13)	5 (17)	7 (13)	6 (11)
Not employed	245 (70)	55 (82)	109 (75)	81 (60)	157 (76)	33 (89)	74 (80)	50 (64)	88 (63)	22 (73)	35 (65)	31 (55)
Base:	348	67	146	135	208	37	92	79	140	30	54	56

Note: Base is number of families with mother in the home
** Chi-square is significant at the .01 level

Table III-15b. Mother's employment status at time of interview -- involvement variable

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED *		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Employed full-time	62 (22)	27 (16)	35 (31)	31 (18)	17 (16)	14 (21)	31 (28)	10 (15)	21 (48)
Employed part-time	29 (10)	20 (12)	9 (8)	16 (9)	9 (9)	7 (10)	13 (12)	11 (17)	2 (4)
Not Employed	190 (68)	122 (72)	68 (61)	124 (72)	77 (75)	47 (69)	66 (60)	45 (68)	21 (48)
Base:	281	169	112	171	103	68	110	66	44

Note: Base is number of families with mother in the home

* Chi-square is significant at .05 level

The overwhelming majority of mothers are unemployed. Employment is greater among rural respondents, but this is a function of the availability of seasonal farm employment in rural areas, as well as a function of the fact that two of the three rural PCC's in the sample employ a large number of parents. Most of the rural parents listing employment are employed at PCC. The urban PCC's in the sample provide much less opportunity for PCC employment: two of them do not employ PCC mothers as a matter of policy, and the other two PCC's employ only 8 of the 32 mothers in the CCR sample.

Only slightly more than half of the mothers employed full-time at the time of the interview were employed full-time when they joined the PCC. In the rural areas, full-time employment rose significantly for highly-involved parents. Again, this is a function of the fact that of the 32 mothers on staff who were interviewed, most are from rural Centers.

Long-time members have a higher employment rate than short-time members, both before joining PCC and at the time of the interview. The increase across time may be accounted for by the respondents' connection with the program. This interpretation is supported by the fact that new mothers account for the highest proportion of unemployed respondents.

The rise in employment is greater among highly involved respondents than it is among the lesser involved. Presuming the availability of a job and the proper match between job opening and applicant's skill, it is possible that the motivation that causes a parent to be highly involved in PCC also induces the parent to seek employment. The fairly great fluctuation in part-time employment among rural respondents (across all variables) is due to the seasonal availability of jobs in these locations. The decrease in the proportion of mothers working part-time from before joining PCC to the time of interview has to do with the fact that the interviews were conducted during the late fall, after harvesting time.

1.5.2 Employment status - fathers

Table III-16a. Ongoing father's employment status before joining PCC - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Employment full-time	92 (60)	- -	42 (64)	50 (58)	47 (62)	- -	22 (69)	25 (57)	45 (59)	- -	20 (59)	25 (60)
Employment part-time	32 (21)	- -	14 (21)	18 (21)	8 (10)	- -	4 (12)	4 (9)	24 (32)	- -	10 (29)	14 (33)
Not employed	28 (18)	- -	10 (15)	18 (21)	21 (28)	- -	6 (19)	15 (34)	7 (9)	- -	4 (12)	3 (7)
Base:	152	-	66	86	76	-	32	44	76	-	34	42

Note: Base is ongoing member families with a father in the home

Table III-16b. Ongoing fathers' employment status before joining PCC – involvement variable

RESPONSES	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
	Sample	Low	High	Total	Low	High	Total	Low	High
Employed full-time	92 (60)	51 (61)	41 (60)	47 (62)	23 (58)	24 (67)	45 (59)	28 (64)	17 (53)
Employed part-time	32 (21)	16 (19)	16 (24)	8 (10)	4 (10)	4 (11)	24 (32)	12 (27)	12 (38)
Not employed	28 (18)	17 (20)	11 (16)	21 (28)	13 (32)	8 (22)	7 (9)	4 (9)	3 (9)
Base:	152	84	68	76	40	36	76	44	32

Note: Base is ongoing member families with a father in the home

Table III-17a. Fathers' employment status at time of interview - longevity variable

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY*			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Employed full-time	107 (59)	13 (46)	41 (62)	53 (62)	55 (63)	6 (55)	22 (69)	27 (61)	52 (56)	7 (41)	19 (56)	26 (62)
Employed part-time	34 (19)	5 (18)	13 (20)	16 (19)	8 (9)	1 (9)	3 (9)	4 (9)	26 (28)	4 (24)	10 (29)	12 (29)
Not employed	39 (22)	10 (36)	12 (18)	17 (20)	24 (28)	4 (36)	7 (22)	13 (30)	15 (16)	6 (35)	5 (15)	4 (9)
Base:	180	28	66	86	87	11	32	44	93	17	34	42

Note: Base is number of families with a father in the home
* Chi-square is significant at the .05 level

Table III-17b. Fathers' employment status at time of interview - involvement variable

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Employed full-time	94 (62)	51 (61)	43 (63)	49 (64)	26 (65)	23 (64)	45 (59)	25 (57)	20 (63)
Employed part-time	29 (19)	14 (17)	15 (22)	7 (9)	2 (5)	5 (14)	22 (29)	12 (27)	10 (31)
Not employed	29 (19)	19 (23)	10 (15)	20 (26)	12 (30)	8 (22)	9 (12)	7 (16)	2 (6)
Base:	152	84	68	76	40	36	76	44	32

Note: Base is number of families with a father in the home

The four tables above showing employment status of fathers before joining PCC and at time of interview, are based on the number of families with a father in the home.

Unemployment is more prevalent among urban fathers than is the case among rural fathers. This is a function of the availability of seasonal employment in rural areas; this interpretation is borne out by the fact that full-time employment for urban fathers is greater than it is among rural men.

The statistics do not show marked changes either across the variables or across time, from before joining PCC to time of interview. This is not unexpected, as there are a relatively small number of fathers involved in PCC. The change in the percentage of unemployed rural fathers is again accounted for by the seasonal availability of jobs.

Length of membership shows some differences among rural respondents, but this increased employment through increased time of PCC membership does not hold true for urban fathers. Length of membership shows no positive increase in employment for urban males.

The new fathers, like the new mothers, have a somewhat higher unemployment level. It is difficult to say just what accounts for this unemployment rate, and it will be interesting to see if new parents' work status changes over time as a function of PCC membership.

Degree of involvement in PCC seems to make some difference in employment status, but again the differences are not consistent.

1.5.3 PCC's role in aiding parents' employment

Table III-18a. PCC's role in aiding current employment of ongoing parents - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY *			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
PCC helped get job	60 (28)	- -	19 (21)	41 (33)	32 (31)	- -	12 (28)	20 (33)	28 (25)	- -	7 (15)	21 (33)
PCC had no role	154 (71)	- -	72 (79)	82 (67)	71 (69)	- -	31 (72)	40 (67)	83 (75)	- -	41 (85)	42 (67)
Base:	214	-	91	123	103	-	43	60	111	-	48	63

Note: Base is number of ongoing mothers and fathers employed full or part-time when interview was conducted

* Chi-square is significant at .05 level

Table III-18b. PCC's role in aiding current employment of ongoing parents - involvement level

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL *** INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
PCC helped get job	60 (28)	22 (20)	38 (37)	32 (31)	16 (30)	16 (33)	28 (25)	6 (10)	22 (42)
PCC had no role	154 (71)	90 (80)	64 (63)	71 (69)	38 (70)	33 (67)	83 (75)	52 (90)	31 (58)
Base:	214	112	102	103	54	49	111	58	53

Note: Base is number of mothers and fathers employed full or part-time when interview was conducted

*** Chi-square is significant at .001 level

Overall, the PCC's helped find employment for over 25% of the parents reporting to be employed full or part-time at the time of interview.

In all cases, the percentage of parents aided by PCC is greater for long-time members and for those highly involved. Involvement appears to be a key factor, especially in the rural locations. This is hardly surprising. It is to be expected that if a PCC staff member learns of a job opening (whether within PCC or not), he or she will be most likely to recommend someone whose ability and energy have been proven: a highly actively involved parent.

Thirty-two of the sixty parents whom the Parent-Child Center had helped to get a job are respondents working at PCC. As has been pointed out, the great majority of these 32 persons are members of rural PCC's.

1.6 Welfare

Table III-19a. Number of participants on welfare - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Welfare	188 (53)	37 (55)	83 (56)	68 (49)	140 (66)	26 (70)	63 (67)	51 (61)	48 (35)	11 (37)	20 (37)	17 (30)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Table III-19b. Number of participants on welfare - involvement variable

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Welfare	151 (53)	98 (57)	53 (46)	114 (64)	75 (70)	39 (56)	37 (34)	23 (35)	14 (32)
Base:	287	173	114	177	107	70	110	66	44

Proportionally, almost twice as many urban (66%) as rural (35%) respondents are on welfare. One-half of all those interviewed are currently on welfare. There appears to be a (non-significant) trend in the direction of fewer welfare recipients among those who are more involved, and among those who have been with the program longer.

SUMMARY

AGE

- Most subjects are between the ages of 21 and 30
- Rural respondents are slightly older than urban parents
- New members represent the youngest group

ETHNICITY

- Blacks are the most heavily represented single ethnic group (especially in the urban sample)

EDUCATION

- Urban respondents are more educated than rural
- New members represent the most educated group

CHILDREN PER FAMILY

- Rural families tend to be larger than urban families
- New members have fewer children

SPOUSES IN HOME

- Percentage of intact families is almost twice as high for rural respondents as it is for urban
- Highly involved members and long-time members have a higher proportion of intact marriages
- Fewer new members have husbands

OTHER RELATIVES IN HOME

- Urban respondents have more relatives (other than spouses or children) living in the home

RESPONDENTS' TIME SPENT AT PCC

- Rural parents spend more time at PCC than urban parents
- Long-time and highly involved members spend the most time at the PCC

PAC MEMBERSHIP

- Highly involved respondents are more heavily represented on the PAC

MOTHERS' EMPLOYMENT STATUS

- The majority of PCC mothers are unemployed
- Unemployment is higher among new members
- More long-time members are employed than short-time members
- Fifty-three percent of the total sample is on welfare

FATHERS' EMPLOYMENT STATUS

- Rural PCC fathers have a higher employment rate than do urban fathers as a function of the availability of seasonal employment
- New fathers have the highest unemployment rate

PCC AID IN FINDING EMPLOYMENT

- PCC helped over 25% of the 214 employed parents find their jobs
- PCC was most likely to help long-time and highly involved parents to get jobs
- 32 of the 60 parents helped by PCC now are employed by PCC. The majority of this group is from rural areas

Throughout the discussion of results which follows, the reader will be asked to bear in mind certain statistically significant differences between study sub-groups. These can be summarized as follows:

LONGEVITY

NEW PARENTS	LONG-TIME MEMBERS
° Younger	° Older
° More educated (rural only)	° Less educated (rural only)
° More single parent families	° More intact families
° Fewer children	° More children

INVOLVEMENT

HIGH INVOLVED	LOW INVOLVED
° More intact families (urban only)	° Fewer intact families (urban only)
° Spend more time at PCC	° Spend less time at PCC
° Higher employment rate at present as a function of jobs at PCC (rural only)	° Lower employment rate (rural only)
° More likely to be on PAC (rural only)	° Less likely to be on PAC (rural only)

CHAPTER IV

PARENTING

In this chapter all findings pertaining to parenting knowledge and behavior will be presented, including data from the following sources:

- open-ended parenting items in which Ss were asked to present alternative solutions to everyday problem situations
- open-ended questions dealing with child rearing issues and with likes and dislikes with respect to parenting
- questions pertaining to the perceived impact that PCC has had on children and on parental parenting skills
- eleven Likert items that specifically deal with parenting

1.0 Alternative solutions to everyday problems

The emphasis of the research was to avoid judgements about what is "good" and "bad" parenting. It was felt that the most important change in parenting as an impact of PCC might be the awareness that in nearly any situation involving a child, there are always several possible alternatives for action. It was predicted that long-term parents have more options available to them in terms of how a child-related problem situation could be handled. Awareness of differing options does not imply inconsistency. A mother who is knowledgeable about child development is more likely to think of a variety of reasons as to why the behavior is occurring, and is more likely to be sensitive to both the nuances of context, and the fact that the same behavior at different developmental stages has different meaning, and thus should be handled differently. Repeated use of the same approach, regardless of age or context, implies rigidity, not consistency. It was predicted that when a child's problem behavior was presented, long-term PCC mothers would give more alternative solutions because they are aware of the need to take into account the child's developmental age, and they are aware that any behavior has a great variety of possible underlying meanings. Their responses would be geared to deal with the underlying meaning of behavior and thus should be richly varied.

1.1 Stimulus materials

A brief description of each problem situation was given to the respondent with the following set of instructions:

> "There are a lot of common problems that happen when you're bringing up children. What I'm going to do is to read several different types of problems, one at a time, and I'd like you to tell me what you would do in each situation -- how you would handle it if you had to. If you see several different ways of going about handling any one situation, be sure to tell me all of them."

Interviewers were instructed to continue probing until the respondent had exhausted all the solutions she could think of. To avoid possible annoyance upon repeated quizzing, interviewers warned the respondents that they would continually be asked what they might do if a solution already offered didn't work, and so on until they ran out of ideas. Thus, an active attempt was made to have Ss generate as many solutions as they could. Otherwise respondents who had many ideas but who were shy of the interviewing situation might be under-represented. This was of particular concern among new members who might not be as used to being interviewed as were long-time PCC members.

On a number of occasions, Ss told their interviewer that they could not respond to a situation because it never occurred with their children. For example, a mother faced with the situation: "If your baby refuses to go to sleep when you put him down at night -- if he won't stop crying -- what do you do?" might answer by saying "Oh, I've never had any problems with that." Or, a mother may not have a child old enough to be running around hitting other children. In these cases, Ss were told to make believe that they had the problem, or to imagine what they might do if they did encounter the situation or to suppose that they were approached for advice by another mother who had the problem.

Space was left on the questionnaire for up to four responses to each situation, with an instruction to the interviewer to record fifth or subsequent responses on the back of the sheet. In only eleven cases out of 2,124 (354 Ss times six items) was a fifth distinct response made to an item. These fifth responses were omitted from tabulation because it was found that a respondent would stand out by just giving four answers, there being relatively few of even those.

1.2 Analysis of the data

Item codes were developed by using a sample drawn from the 354 questionnaires, representing all subgroups: locale (urban/rural), length of membership (new/short/long), and involvement (low/high).

Inspection of the data made it clear that certain kinds of solutions tend to be given as first solutions, while others tend to appear later. For instance, Ss tend not to use physical punishment as a first alternative, but the mention of physical punishment becomes far more frequent as a third or fourth alternative. For each of these items data on three measures are presented:

- Distribution of the number of solutions generated
- Distribution of first solutions
- Distribution of all solutions

Chi-square analyses were performed on the number of solutions generated. These analyses are presented in the accompanying volume of data analyses. So many codes were generated from the qualitative data that the chi-square analyses became impracticable due to the great number of cells, and the resulting small cell Ns.

Thus reliance is placed on frequency distribution as a basis for the ensuing discussion.

1.3 "Child grabs an unwanted item while mother shops"

The first item presented to respondents was: "Suppose that you take your child to the store and he grabs for something he wants and insists on having it. The thing is not anything you intended to buy. What do you do?"

The scene is certainly a common one. It was intended to convey a sense of a busy, perhaps harassed mother trying to do a daily chore. It also brings in the dimension of economics since presumably not many PCC mothers are able to purchase items on their children's whims. As was expected, a host of different potential solutions were suggested in response to so multi-dimensional a situation. Six codes were developed for this item as follows:

- Explanation:
  Reasons why the item is not necessary or desirable, stating ground rules for the child's conduct when shopping.

- Distraction:

  Occupying the child with something already in the shopping cart, taking the child immediately to another part of the store, or simply distracting his attention by talking about something else of interest to the child.

- Negative reinforcement without punishment:

  The item is removed from the child and returned, or the child is removed from the store.

- Positive reinforcement:

  This code is used for maternal behavior which acts as a reinforcement of the child's negative behavior. In other words, the basic message to the child is, "If you grab something, there's something in it for you because you'll get something out of it," e.g., buying a substitute item, promising a toy or privilege later, or agreeing to purchase the actual item, even though the purchase is unintended.

- Threatening punishment:

  Verbalizing punishments which follow if the item is not relinquished.

- Physical punishment:

  Any form of slapping, hitting, spanking.

1.3.1 The number of solutions

Table IV-1a. "The child grabs something in the store:" number of solutions, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY**				RURAL LONGEVITY			
RESPONSE	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
No response	4 (1)	3 (4)	1 (1)	- -	3 (1)	2 (5)	1 (1)	- -	1 (1)	1 (3)	- -	- -
One response	86 (24)	23 (34)	30 (21)	33 (24)	41 (19)	14 (38)	13 (14)	14 (17)	45 (32)	9 (30)	17 (32)	19 (34)
Two responses	167 (47)	28 (42)	76 (51)	63 (45)	103 (48)	14 (38)	52 (55)	37 (45)	64 (46)	14 (47)	24 (44)	26 (46)
Three responses	86 (24)	12 (18)	37 (25)	37 (27)	60 (28)	7 (19)	26 (28)	27 (33)	26 (19)	5 (17)	11 (20)	10 (18)
Four responses	11 (3)	1 (2)	4 (3)	6 (4)	7 (3)	- -	2 (2)	5 (6)	4 (3)	1 (3)	2 (4)	1 (2)
Mean number of solutions	2.04	1.78	2.02	2.12	2.13	1.70	2.16	2.28	1.91	1.87	1.96	1.88
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

** P < .01

Table IV-1b. "The child grabs something in the store:" number of solutions, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
No response	1 (0)	1 (1)	- -	1 (1)	1 (1)	- -	- -	- -	- -
One response	63 (22)	45 (26)	18 (16)	27 (15)	20 (19)	7 (10)	36 (33)	25 (38)	11 (25)
Two responses	139 (48)	77 (44)	62 (54)	89 (50)	51 (48)	38 (54)	50 (45)	26 (39)	24 (55)
Three responses	74 (26)	43 (25)	31 (27)	53 (30)	31 (29)	22 (31)	21 (19)	12 (18)	9 (20)
Four responses	10 (3)	7 (4)	3 (3)	7 (4)	4 (4)	3 (4)	3 (3)	3 (5)	- -
Mean number of solutions	2.10	2.06	2.17	2.22	2.16	2.30	1.92	1.89	1.96
Base: no. of respondents	287	173	114	177	107	70	110	66	44

Among urban respondents there is a statistically significant relationship between longevity and the number of alternatives given. That is, the longer a member has been in PCC, the more likely she is to think of additional ways of handling this situation. New members average only 1.70 responses, while long-term members average 2.28. As can be seen from the distribution of responses, 17% of long-term members, as contrasted with 38% of the new members, offer only one solution. Conversely, 33% of the long-term members, and only 19% of the new members offer three or more alternatives. Among rural Ss, there are no differences between new and long-term members. Rural respondents in general tend to give fewer alternatives than do urban respondents.

In both the urban and rural subsamples, differences between highly involved and less involved Ss are not significant, although mean differences are in the predicted direction. That is, there is some tendency for involved Ss to offer more alternatives.

1.3.2 Types of solutions: first response

Table IV-2a. "The child grabs something in the store:" distribution of first responses, longevity.

RESPONSE	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20 Mos
Explanation	54 (15)	10 (16)	17 (12)	27 (19)	30 (14)	7 (20)	10 (11)	13 (16)	24 (17)	3 (10)	7 (13)	14 (25
Distraction	15 (4)	2 (3)	7 (5)	6 (4)	5 (1)	- -	3 (3)	2 (2)	10 (7)	2 (7)	4 (7)	4 (7
Negative reinforcement non-punitive	190 (54)	31 (48)	74 (50)	85 (61)	118 (56)	15 (43)	51 (55)	52 (63)	72 (52)	16 (55)	23 (42)	33 (59
Positive reinforcement	68 (19)	14 (22)	36 (24)	18 (13)	44 (21)	8 (23)	23 (25)	13 (16)	24 (17)	6 (21)	13 (24)	5 (9.
Threaten punishment	1 -	- -	1 (1)	- -	- -	- -	- -	- -	1 (1)	- -	1 (2)	- -
Physical punishment	22 (6)	7 (11)	12 (8)	3 (2)	14 (7)	5 (14)	6 (6)	3 (4)	8 (6)	2 (7)	6 (11)	- -
Base: number of respondents	350	64	147	139	211	35	93	83	139	29	54	56

Table IV-2b. "The child grabs something in the store:" distribution of first responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSE	Sample	Low	High	Total	Low	High	Total	Low	High
Explanation	44 (15)	26 (15)	18 (16)	23 (12)	15 (14)	8 (11)	21 (19)	11 (17)	10 (23)
Distraction	13 (4)	7 (4)	6 (5)	5 (3)	2 (2)	3 (4)	8 (7)	5 (8)	3 (7)
Negative reinforcement-non-punitive	159 (56)	93 (54)	66 (58)	103 (58)	60 (57)	43 (61)	56 (51)	33 (50)	23 (52)
Positive reinforcement	54 (19)	34 (20)	20 (18)	36 (20)	22 (21)	14 (20)	18 (16)	12 (18)	6 (14)
Threaten punishment	1 -	1 (1)	- -	- -	- -	- -	1 (1)	1 (2)	- -
Physical punishment	15 (5)	11 (6)	4 (4)	9 (5)	7 (7)	2 (3)	6 (5)	4 (6)	2 (4)
Base: number of respondents	286	172	114	176	106	70	110	66	44

Some interesting trends are discernible from the data. Negative reinforcement of the behavior, i.e., removing the item from the child or the child from the store, is the first solution of the majority of mothers. Relatively few mothers would punish physically as a first response (7% urban, 6% rural).

Long-term members are more likely than new members to rely on negative reinforcement techniques, and less likely to positively reinforce the child's negative behavior. In other words, long-term members are more likely to say "no" and to remove the item from the child or the child from the store. They are less likely to give in and buy either the item in question or a substitute item. Rural long-term mothers are also more likely to use explanations than are new members, but this is not true for urban mothers.

Few mothers think of distracting the child and turning his attention elsewhere, a useful solution with young babies who do not understand explanation and are likely to scream unpleasantly if the item is simply removed.

1.3.3 Types of solutions: all responses

Table IV-3a. "The child grabs something in the store:" distribution of all responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSE	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Explanation	103 (14)	20 (17)	39 (13)	44 (15)	56 (12)	11 (17)	23 (11)	22 (12)	47 (18)	9 (16)	16 (15)	22 (21)
Distraction	45 (6)	10 (8)	17 (6)	18 (6)	16 (4)	3 (5)	7 (3)	6 (3)	29 (11)	7 (12)	10 (9)	12 (11)
Negative reinforcement	266 (37)	43 (36)	108 (35)	115 (39)	173 (38)	22 (35)	75 (37)	76 (40)	93 (35)	21 (38)	33 (31)	39 (37)
Positive reinforcement	168 (23)	25 (21)	81 (26)	62 (21)	107 (24)	13 (21)	54 (27)	40 (21)	61 (23)	12 (21)	27 (25)	22 (21)
Threaten punishment	22 (3)	2 (2)	8 (3)	12 (4)	11 (2)	- -	4 (2)	7 (4)	11 (4)	2 (4)	4 (4)	5 (5)
Physical punishment	118 (16)	19 (16)	56 (18)	43 (15)	92 (20)	14 (22)	40 (20)	38 (20)	26 (10)	5 (9)	16 (15)	5 (5)
Base: total responses	722	119	309	294	455	63	203	189	267	56	106	105

Table IV-3b. "The child grabs something in the store:" distribution of all responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSE	Sample	Low	High	Total	Low	High	Total	Low	High
Explanation	83 (14)	45 (13)	38 (15)	45 (11)	24 (10)	21 (13)	38 (18)	21 (17)	17 (20)
Distraction	35 (6)	18 (5)	17 (7)	13 (3)	6 (2)	7 (4)	22 (10)	12 (10)	10 (12)
Negative reinforcement	223 (37)	130 (36)	93 (38)	151 (38)	88 (38)	63 (39)	72 (34)	42 (34)	30 (35)
Positive reinforcement	143 (24)	85 (24)	58 (23)	94 (24)	55 (24)	39 (24)	49 (23)	30 (24)	19 (22)
Threaten punishment	20 (3)	16 (5)	4 (2)	11 (3)	9 (4)	2 (1)	9 (4)	7 (6)	2 (2)
Physical punishment	99 (16)	62 (17)	37 (15)	78 (20)	49 (21)	29 (18)	21 (10)	13 (10)	8 (9)
Base: total responses	603	356	247	392	231	161	211	125	86

While relatively few mothers mention punishment as a first solution, a far greater number eventually think of resorting to physical punishment. In fact, among urban mothers, physical punishment is the third most frequently mentioned response alternative. Among rural mothers, explanation is a more popular alternative than is physical punishment; among urban mothers, the reverse is true.

The progression from patience to punishment or to the threat of punishment is illustrated by the following response of a rural mother who tries teaching as a first technique: "I set ground rules before we go into the store. I remind them how we act in a store -- no grabbing, no loud talk, no running in the aisles -- and if they forget, they won't be brought back any more. I try to explain to them I didn't come to buy it. If they're real bad, they might get a spanking."

Many mothers start off with a limited explanation and quickly resort to punitive action: "I'd explain to him he couldn't have it because he's already had that this week. If he gets to whining, I'll yell at him. If that didn't work, I'd take off my shoe and whack him right there in the store."

Other mothers think of punishment first. Following is a case of a mother who tends to hit first and talk later. "I'll slap her hand and tell her 'no.' Then I'm going to get mad and scream at her. There comes a time when every child has to learn the meaning of the word 'no.' If that didn't work I'd spank her, usually with a switch. I might explain to her she couldn't have it because we don't need it."

Some mothers expressed their awareness that solution behaviors might depend on the age of the child. For instance: "It all depends on what age the children are. If the child is in the basket I can push the basket away. If he's older I can slap his hand and tell him 'no, he can't have it.'" Similarly, "if it's a baby, I'd distract him and show him something else or take him to another part of the store; if it's an older child I try to explain why he can't have it."

1.4 Teaching danger avoidance

The second item was "how do you go about teaching a baby not to do something that can hurt him?" In the pretest, this very general question was followed with a couple of examples, e.g., going near a hot stove or running in the street. These were omitted from the final instrument so as not to restrict Ss' freedom of choice and illustration.

A problem in coding the data for this item was that the example chosen can determine to some extent the type of solution offered. For example, in teaching fire avoidance a mother can put her child's hand near a flame or hot object to let him feel how uncomfortable the heat is. Some mothers even allowed their children to be hurt in minor situations. These solutions would be unacceptable in the case of teaching a child not to run into the street or not to swallow possibly poisonous substances. It can be reasoned, however, that a mother who knows effective ways of teaching her children to avoid harm will select instances through which those methods may be communicated to the interviewer. Seven codes were developed to compare responses:

- Explanation:
  Verbal explanations of the danger of the object or situation.

- Demonstration:

  Approximating the danger for the child, acting out a situation of mock harm.

- Distraction:

  Occuping the child elsewhere.

- Removal:

  Removing the object to a safe place or removing the child from the object and keeping an eye on him.

- Verbal disapproval:

  Telling the child not to do it.

- Physical punishment

- Ignoring:

  Taking no counter-measure at all, allowing the child to be hurt, presumably in situations that are not very serious.

1.4.1 The number of solutions

Table IV-4a. Danger avoidance: number of solutions, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
No response	1 (1)	- -	1 (1)	- -	1 (1)	- -	1 (1)	- -	- -	- -	- -	- -
One response	70 (20)	12 (18)	32 (22)	26 (19)	40 (19)	6 (16)	22 (23)	12 (14)	30 (21)	6 (20)	10 (18)	14 (25)
Two responses	175 (49)	32 (48)	69 (47)	74 (53)	103 (48)	19 (51)	41 (44)	43 (52)	72 (51)	13 (43)	28 (52)	31 (55)
Three responses	90 (25)	18 (27)	39 (26)	33 (24)	61 (28)	10 (27)	26 (28)	25 (30)	29 (21)	8 (27)	13 (24)	8 (14)
Four responses	18 (5)	5 (7)	7 (5)	6 (4)	9 (4)	2 (5)	4 (4)	3 (4)	9 (6)	3 (10)	3 (6)	3 (5)
Mean number of solutions	2.15	2.24	2.13	2.14	2.18	2.22	2.11	2.24	2.12	2.27	2.17	2.00
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-4b. Danger avoidance: Number of solutions, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
No response	1 (1)	1 (1)	- -	1 (1)	1 (1)	- -	- -	- -	- -
One response	58 (20)	30 (17)	28 (25)	34 (19)	17 (16)	17 (24)	24 (22)	13 (20)	11 (25)
Two responses	143 (50)	91 (53)	52 (46)	84 (47)	56 (52)	28 (40)	59 (53)	35 (53)	24 (54)
Three responses	72 (25)	41 (24)	31 (27)	51 (29)	27 (25)	24 (34)	21 (19)	14 (21)	7 (16)
Four responses	13 (4)	10 (6)	3 (3)	7 (4)	6 (6)	1 (1)	6 (5)	4 (6)	2 (4)
Mean number of solutions	2.13	2.17	2.08	2.16	2.20	2.13	2.08	2.14	2.00
Base: number of respondents	287	173	114	177	107	70	110	66	44

The number of responses given is not significant for either longevity or involvement comparisons. Among rural respondents there is a tendency for the new mothers to give more responses, while among urban members, new mothers and long-term mothers give somewhat fewer responses than short-term members.

Similarly with respect to the involvement variable, the slight discernible trend is the reverse of the predicted direction. That is, the high involved members, both rural and urban, offer fewer alternatives than do the low involved participants.

1.4.2 Types of solution: first response

Table IV-5a. Danger avoidance: distribution of first responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSE	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Explanation	111 (31)	15 (22)	47 (32)	49 (35)	71 (33)	8 (22)	35 (37)	28 (34)	40 (29)	7 (23)	12 (22)	21 (38)
Demonstration	57 (16)	12 (18)	23 (16)	22 (16)	42 (20)	9 (24)	16 (17)	17 (21)	15 (11)	3 (10)	7 (13)	5 (9)
Distraction	12 (3)	1 (1)	3 (2)	8 (6)	4 (2)	- -	2 (2)	2 (2)	8 (6)	1 (3)	1 (2)	6 (11)
Removal	38 (11)	12 (18)	14 (9)	12 (9)	20 (9)	8 (22)	8 (9)	4 (5)	18 (13)	4 (13)	6 (11)	8 (14)
Verbal disapproval	71 (20)	11 (16)	30 (20)	30 (22)	39 (18)	4 (11)	15 (16)	20 (24)	32 (23)	7 (23)	15 (28)	10 (18)
Physical punishment	43 (12)	13 (19)	19 (13)	11 (8)	26 (12)	7 (19)	11 (12)	8 (10)	17 (12)	6 (20)	8 (15)	3 (5)
Ignore	22 (6)	3 (4)	12 (8)	7 (5)	12 (6)	1 (3)	7 (7)	4 (5)	10 (7)	2 (7)	5 (9)	3 (5)
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-5b. Danger avoidance: distribution of first responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Explanation	96 (33)	51 (29)	45 (39)	63 (36)	34 (32)	29 (41)	33 (30)	17 (26)	16 (36)
Demonstration	45 (16)	25 (14)	20 (18)	33 (19)	20 (19)	13 (19)	12 (11)	5 (8)	7 (16)
Distraction	11 (4)	7 (4)	4 (4)	4 (2)	3 (3)	1 (1)	7 (6)	4 (6)	3 (7)
Removal	26 (9)	19 (11)	7 (6)	12 (7)	8 (8)	4 (6)	14 (13)	11 (17)	3 (7)
Verbal disapproval	60 (21)	32 (18)	28 (24)	35 (20)	17 (16)	18 (26)	25 (23)	15 (23)	10 (23)
Physical punishment	30 (10)	23 (13)	7 (6)	19 (11)	16 (15)	3 (4)	11 (10)	7 (11)	4 (9)
Ignore	19 (7)	16 (9)	3 (3)	11 (6)	9 (8)	2 (3)	8 (7)	7 (11)	1 (2)
Base: number of respondents	287	173	114	177	107	70	110	66	44

As can be seen from inspection of Table IV-5a, long-term rural members are more likely to use verbal explanation and less likely to use physical punishment than are either new or short-term members. Urban ongoing members are more likely to use verbal explanation than new members. Physical punishment is a first response of one out of five new urban and rural members, but only one out of ten long-term parents and one out of twenty rural parents.

Similarly, highly involved members in both the urban and rural subsamples are more likely to use explanation and less likely to use physical punishment as a technique of choice.

1.4.3 Types of solutions: all responses

Table IV-6a. Danger avoidance: distribution of all responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Explanation	172 (22)	28 (19)	79 (25)	65 (22)	111 (24)	15 (18)	54 (28)	42 (23)	61 (20)	13 (19)	25 (21)	23 (20)
Demonstration	105 (14)	21 (14)	42 (13)	42 (14)	73 (16)	14 (17)	31 (16)	28 (15)	32 (11)	7 (10)	11 (9)	14 (12)
Distraction	23 (3)	3 (2)	8 (2)	12 (4)	8 (2)	1 (1)	4 (2)	3 (2)	15 (5)	2 (3)	4 (3)	9 (8)
Removal	101 (13)	27 (18)	42 (13)	32 (11)	58 (12)	16 (20)	24 (12)	18 (10)	43 (14)	11 (16)	18 (15)	14 (12)
Verbal disapproval	102 (13)	16 (11)	45 (14)	41 (14)	49 (10)	6 (7)	20 (10)	23 (12)	53 (18)	10 (15)	25 (21)	18 (16)
Physical punishment	172 (22)	36 (24)	70 (22)	66 (22)	118 (25)	20 (24)	47 (24)	51 (27)	54 (18)	16 (24)	23 (20)	15 (13)
Ignore	67 (9)	16 (11)	23 (7)	28 (9)	37 (8)	9 (11)	13 (7)	15 (8)	30 (10)	7 (10)	10 (8)	13 (12)
Other	23 (3)	3 (2)	7 (2)	13 (4)	14 (4)	1 (1)	6 (3)	7 (4)	9 (3)	2 (3)	1 (1)	6 (5)
Base: total responses	765	150	316	299	468	82	199	187	297	68	117	112

Table IV-6b. Danger avoidance: distribution of all responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Explanation	144 (23)	86 (23)	58 (24)	96 (25)	60 (26)	36 (24)	48 (21)	26 (18)	22 (25)
Demonstration	84 (14)	47 (12)	37 (15)	59 (15)	37 (16)	22 (14)	25 (11)	10 (7)	15 (17)
Distraction	20 (3)	11 (3)	9 (4)	7 (2)	4 (2)	3 (2)	13 (6)	7 (5)	6 (7)
Removal	74 (12)	47 (12)	27 (11)	42 (11)	24 (10)	18 (12)	32 (14)	23 (16)	9 (10)
Verbal disapproval	86 (14)	52 (14)	34 (14)	43 (11)	23 (10)	20 (13)	43 (19)	29 (21)	14 (16)
Physical punishment	136 (22)	84 (22)	52 (22)	98 (25)	59 (25)	39 (26)	38 (16)	25 (18)	13 (15)
Ignore	51 (8)	37 (10)	14 (6)	28 (7)	21 (10)	7 (5)	23 (10)	16 (11)	7 (8)
Other	20 (3)	12 (3)	8 (3)	13 (3)	7 (3)	6 (4)	7 (3)	5 (4)	2 (2)
Base: total responses	615	376	239	386	235	151	229	141	88

Differences between subgroups generally disappear when order effects are ignored and total response patterns are analyzed. Among urban parents, verbal explanation and physical punishment account for half of all responses in equal proportions. Among rural parents, verbal explanation is most common, but verbal disapproval and physical punishment are mentioned nearly as frequently, although, as noted previously, at different points in the response hierarchy.

Few mothers use punishment as the sole teaching device in relation to potentially harmful situations. Much more often, spanking will be used to prepare for a lesson or to underscore it afterward. For instance: "I tell him 'no' and if he won't listen sometimes he must get a spanking on the bottom to open his ears. If they are really dangerous things then I keep them out of his reach."

"I talk to my children about the danger -- how upset I would be (if they were hurt), and reinforce it with punishment."

"Two methods. I talk and explain to him, and than I show it to him. Like the electric TV cord. I tell him not to plug it in and than I spank his hand real hard. He went to the ice box and poured Kool Aid all over the floor, so I spanked him."

"Not to curse or say 'shit.' I tell him not to say something, 'no, no,' but it doesn't work. He spits. I usually spank him again."

It is interesting to note that a response that might be expected to occur with considerable frequency actually occurred only about once in eight or ten times (both first answer and total): removing the object, or the child from the object. If a mother sees a child playing with something, or in a place where he might be hurt, it seems logical to expect that the first reaction would be to separate him from the situation. Since that response was not made very often, it seems apparent that the non-behavioral answers differ from actual behaviors, or that mothers understood the question to mean how one should go about teaching danger avoidance, rather than protecting the child from immediate and present danger.

Removal of the object was most often suggested as a solution to be used with younger babies: "It depends on how little they are. Keep your house 'childrenized' so that you don't have things they can't have in their reach."

The overall pattern is for longer term and more highly involved members to give first solutions that seem more appropriate, but fewer answers overall. Perhaps this is a case in which more knowledgeable mothers feel that there is really only one good solution. When a child takes an unwanted item from the shelf of a supermarket, he is causing an annoying interference. When he enters a situation of potential harm to himself, the matter is more serious. It may be a case of having the more potentially serious situation being considered more directly and precisely than the less important one.

1.5 Nuisance termination

The third parenting item may pose the most common problem situation of all, general irritating rowdiness: "Suppose that your baby is bugging you, e.g., turning his cup over, pulling things down, throwing things out of his crib and then yelling for them. How do you handle him?"

Some Ss noted that the item seems to specify a crib-age child. In such cases, the instructions were loosened to include any child who is being a loud, active nuisance.

This item necessitated some codes not used with the two previous ones. In particular, responses of checking to see if something is wrong with the child, and of giving comfort or reassurance, were appropriate. Responses that could be construed as teaching -- explaining to the child why he should not misbehave -- were encountered in small measure (only 2% overall) and were merged with the supportive, comforting response. Also, threats of punishment did not exceed the 2% level for either first or total responses, and so these were merged into the verbal disapproval category.

In all, seven codes were employed:

- Investigation:
  Looking to see if the child is wet, sick, hungry, cold, etc.

- Supportive:

  Giving the child attention, including picking up, holding, rocking, talking to him.

- Distraction:

  Diverting his attention with a toy, a pacifier, a walk, taking him to another location.

- Verbal disapproval:

  Yelling at the child, threatening punishment, shaming him, taking an authoritarian stance.

- Isolation:

  Making him take a nap, putting him alone in a room, separating him from his things, withdrawing privileges.

- Ignoring:

  Letting the child continue without any parental attention whatsoever.

- Physical punishment.

1.5.1 The number of solutions

Table IV-7a. Nuisance termination: number of solutions, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
No response	4 (1)	1 (1)	2 (1)	1 (1)	1 (1)	- -	1 (1)	- -	3 (2)	1 (3)	1 (2)	1 (2)
One response	70 (20)	14 (21)	28 (19)	28 (20)	34 (16)	4 (11)	15 (16)	15 (18)	36 (26)	10 (33)	13 (24)	13 (23)
Two responses	171 (48)	36 (54)	68 (46)	67 (48)	102 (48)	23 (62)	43 (46)	36 (43)	69 (49)	13 (43)	25 (46)	31 (55)
Three responses	92 (26)	14 (21)	42 (28)	36 (26)	64 (30)	10 (27)	28 (30)	26 (31)	28 (20)	4 (13)	14 (26)	10 (18)
Four responses	17 (5)	2 (3)	8 (5)	7 (5)	13 (6)	- -	7 (7)	6 (7)	4 (3)	2 (7)	1 (2)	1 (2)
Mean number of solutions	2.14	2.03	2.18	2.14	2.25	2.16	2.26	2.28	1.96	1.87	2.02	1.95
Base: # of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-7b. Nuisance termination: number of solutions, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
No response	3 (1)	3 (2)	- -	1 (1)	1 (1)	- -	2 (2)	2 (3)	- -
One response	56 (20)	37 (21)	19 (17)	30 (17)	19 (18)	11 (16)	26 (24)	18 (27)	8 (18)
Two responses	135 (47)	84 (48)	51 (45)	79 (45)	51 (48)	28 (40)	56 (51)	33 (50)	23 (52)
Three responses	78 (27)	43 (25)	35 (31)	54 (30)	31 (29)	23 (33)	24 (22)	12 (18)	12 (27)
Four responses	15 (5)	6 (3)	9 (8)	13 (7)	5 (5)	8 (11)	2 (2)	1 (2)	1 (2)
Mean # of solutions	2.16	2.07	2.30	2.27	2.19	2.39	1.98	1.88	2.14
Base: # of respondents	287	173	114	177	107	70	110	66	44

While differences are not statistically significant, there is a trend in the predicted direction. That is, new members tend to give fewer responses than do ongoing members. Similarly, highly involved members tend to think of more alternatives than do less involved members. These trends hold among both urban and rural respondents. As in the case of the two previous items, urban mothers average more responses than do rural mothers. A more educated subgroup, the urban respondents are either more articulate or less shy than their rural counterparts.

1.5.2 Types of solution: first response

Table IV-8a. Nuisance termination: distribution of first responses, longevity.

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Investigation	29 (8)	5 (7)	12 (8)	12 (9)	19 (9)	4 (11)	9 (10)	6 (7)	10 (7)	1 (3)	3 (6)	6 (11)
Supportive	77 (22)	9 (13)	35 (24)	33 (24)	37 (17)	5 (14)	16 (17)	16 (20)	40 (28)	4 (13)	19 (35)	17 (31)
Distraction	55 (16)	14 (21)	22 (15)	19 (14)	25 (12)	4 (11)	13 (14)	8 (10)	30 (22)	10 (33)	9 (17)	11 (20)
Verbal disapproval	58 (16)	11 (16)	26 (18)	21 (15)	37 (17)	6 (16)	18 (19)	13 (16)	21 (15)	5 (16)	8 (15)	8 (15)
Isolation	56 (16)	8 (12)	23 (16)	25 (18)	40 (19)	7 (19)	15 (16)	18 (22)	16 (11)	1 (3)	8 (15)	7 (13)
Ignore	30 (8)	6 (9)	10 (7)	14 (10)	19 (9)	3 (8)	6 (6)	10 (12)	11 (8)	3 (10)	4 (7)	4 (7)
Physical punishment	49 (14)	14 (21)	20 (14)	15 (11)	37 (17)	8 (22)	17 (18)	12 (15)	12 (9)	6 (20)	3 (7)	3 (5)
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-8b. Nuisance termination: distribution of first responses, involvement.

	RURAL-URBAN TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Investigation	24 (8)	13 (8)	11 (10)	15 (8)	8 (8)	7 (10)	9 (8)	5 (8)	4 (9)
Supportive	68 (24)	39 (22)	29 (25)	32 (18)	17 (16)	15 (22)	36 (33)	22 (33)	14 (32)
Distraction	41 (14)	25 (14)	16 (14)	21 (12)	12 (11)	9 (13)	20 (18)	13 (20)	7 (16)
Verbal disapproval	47 (16)	31 (18)	16 (14)	31 (18)	21 (20)	10 (14)	16 (14)	10 (16)	6 (14)
Isolation	48 (17)	32 (18)	16 (14)	33 (19)	26 (24)	7 (10)	15 (14)	6 (9)	9 (21)
Ignore	24 (8)	14 (8)	10 (9)	16 (9)	8 (8)	8 (11)	8 (7)	6 (9)	2 (5)
Physical punishment	35 (12)	19 (11)	16 (14)	29 (16)	15 (14)	14 (20)	6 (5)	4 (6)	2 (5)
Base: number of respondents	287	173	114	177	107	70	110	66	44

Among rural _S_s, ongoing members are more likely to use a more positive, constructive first response (investigation, support) and less likely to use a negative first response (physical punishment). Among urban respondents, differences are minimal although new members are just a bit more likely to use physical punishment as a first response than are ongoing participants.

Differences in terms of involvement level are negligible and show no consistent pattern.

1.5.3 Types of solutions: all responses

Table IV-9a. Nuisance termination: distribution of all responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Investigation	66 (9)	12 (9)	22 (7)	32 (11)	45 (9)	8 (10)	17 (8)	20 (11)	21 (8)	4 (7)	5 (5)	12 (11)
Supportive	126 (17)	23 (17)	54 (17)	49 (16)	69 (14)	13 (16)	31 (15)	25 (13)	57 (21)	10 (18)	23 (21)	24 (22)
Distraction	115 (15)	20 (15)	51 (16)	44 (15)	57 (12)	8 (10)	28 (13)	21 (11)	58 (21)	12 (21)	23 (21)	23 (21)
Verbal disapproval	92 (12)	15 (11)	43 (13)	34 (11)	58 (12)	7 (9)	31 (15)	20 (10)	34 (12)	8 (14)	12 (11)	14 (13)
Isolation	140 (18)	29 (21)	57 (18)	54 (18)	95 (20)	22 (28)	37 (18)	36 (19)	45 (16)	7 (12)	20 (18)	18 (16)
Ignore	82 (11)	13 (10)	36 (11)	33 (11)	56 (12)	9 (11)	23 (11)	24 (13)	26 (10)	4 (7)	13 (12)	9 (8)
Physical punishment	134 (18)	24 (18)	58 (18)	52 (17)	101 (21)	13 (16)	45 (21)	43 (23)	33 (12)	11 (20)	13 (12)	9 (8)
Base: total responses	755	136	321	298	481	80	212	189	274	56	109	109

Table IV-9b. Nuisance termination: distribution of all responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Investigation	54 (9)	23 (6)	31 (12)	37 (9)	15 (6)	22 (13)	17 (8)	8 (6)	9 (10)
Supportive	103 (17)	55 (15)	48 (18)	56 (14)	31 (13)	25 (15)	47 (22)	24 (19)	23 (24)
Distraction	95 (15)	55 (15)	40 (15)	49 (12)	30 (13)	19 (11)	46 (21)	25 (20)	21 (22)
Verbal disapproval	77 (12)	51 (14)	26 (10)	51 (13)	33 (14)	18 (11)	26 (12)	18 (14)	8 (8)
Isolation	111 (18)	67 (19)	44 (17)	73 (18)	47 (20)	26 (16)	38 (17)	20 (16)	18 (19)
Ignore	69 (11)	38 (11)	31 (12)	47 (12)	25 (11)	22 (13)	22 (10)	13 (10)	9 (10)
Physical punishment	110 (18)	69 (19)	41 (16)	88 (22)	53 (23)	35 (21)	22 (10)	16 (13)	6 (6)
Base: total responses	619	358	261	401	234	167	218	124	94

The trend among rural respondents is the same as the pattern seen for first responses. Ongoing participants tend to offer more instances of investigation and support and fewer instances of physical punishment. The negative reinforcement used by ongoing members tends to involve isolation of the child, rather than physical punishment.

Among urban members, this trend is reversed and there is a slight tendency for ongoing members to rely more on physical punishment than do new members. New urban parents tend to rely more on isolation of the child.

More of the highly involved members, both rural and urban tend to think of investigating why the child is being crabby and fewer of them use physical punishment than is the case among the less involved.

Among urban parents overall, the most common solutions to dealing with a cranky child are isolation and physical punishment. Fifty three percent of all responses include either punishing the child, removing him to his room, withdrawing privileges, or ignoring him completely. The following set of solutions are fairly typical of a large proportion of the sample: "I make him go to bed. I threaten him. I say 'if you don't stop and lay down I'm going to whip you.' The threat is usually enough - I don't really whip them much." Similarly, "I don't pay any attention. I let him do it until he stops. If I've had it I say 'quit it' and hit him."

Among rural members physical punishment is considerably less common than among urban participants. Distracting the child with another activity and supportive behavior by the parent are mentioned by 42% of rural respondents. Only 26% of urban respondents mention either of these kinds of solutions.

The following are typical responses illustrating these kinds of solutions: "I usually try to distract them and give them something else so that they don't throw things around. If they persist I take everything away from them and sit and talk with them."

"Usually when a child is doing something like that they probably want attention. So the thing to do is play with your child or talk to your child when he does this and that will solve the problem."

"If he's in the crib, take him out of the crib and put him on the floor and let him do something different. Maybe he just needs some love and holding."

Many parents specifically rejected a supportive response because of their concern with spoiling the child. For instance: "If you pick up a child and give a great deal of attention then they don't learn to do for themselves. You stifle them. They depend on you and they don't learn."

As will be seen in the data for the next item, if the child cries, parents may well feel that something is wrong with him. But if he's just crabby or making a nuisance of himself, the first response (and sometimes all responses) often has a punitive tinge.

1.6 Nocturnal crying

"If your baby refuses to go to sleep when you put him down at night -- if he won't stop crying -- what do you do?"

Many mothers stated that they never had encountered the problem. Hence, a fair measure of making believe had to be encouraged. Seven codes were generated:

- Investigation:
  Looking to see if the child is wet, sick, hungry, cold, etc.
- Supportive:
  Rocking, holding, cuddling, lying down with the child, taking the child into bed.
- Vocalization:
  Talking, singing, humming, etc.
- Feed/medicate
- Tiring out:
  Letting the child stay up to play until he is tired.
- Ignoring:
  Letting the child cry.
- Punishment:
  Actual or threatened.

1.6.1 The number of solutions

Table IV-10a. Nocturnal crying: number of solutions, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
No response	4 (1)	- -	3 (2)	1 (1)	- -	- -	- -	- -	4 (3)	- -	3 (6)	1 (2)
One response	60 (17)	11 (16)	26 (18)	23 (16)	34 (16)	5 (14)	15 (16)	14 (17)	26 (19)	6 (20)	11 (20)	9 (17)
Two responses	148 (42)	24 (36)	65 (44)	59 (42)	91 (42)	14 (38)	46 (49)	31 (37)	57 (41)	10 (33)	19 (35)	28 (52)
Three responses	99 (28)	23 (34)	37 (25)	39 (28)	68 (32)	14 (38)	24 (26)	30 (36)	31 (22)	9 (30)	13 (24)	9 (17)
Four responses	43 (12)	9 (13)	17 (11)	17 (12)	21 (10)	4 (11)	9 (10)	8 (10)	22 (16)	5 (17)	8 (15)	9 (17)
Mean # of solutions	2.33	2.44	2.20	2.34	2.35	2.46	2.29	2.39	2.29	2.43	2.22	2.29
Base: # of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-10b. Nocturnal crying: number of solutions, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
No response	4 (1)	4 (2)	- -	- -	- -	- -	4 (4)	4 (6)	- -
One response	49 (17)	31 (18)	18 (16)	29 (16)	16 (15)	13 (19)	20 (18)	15 (23)	5 (11)
Two responses	124 (43)	73 (42)	51 (45)	77 (44)	48 (45)	29 (41)	47 (43)	25 (38)	22 (50)
Three responses	76 (26)	44 (25)	32 (28)	54 (30)	32 (30)	22 (31)	22 (20)	12 (18)	10 (23)
Four responses	34 (12)	21 (12)	13 (11)	17 (10)	11 (10)	6 (9)	17 (15)	10 (15)	7 (16)
Mean number of solutions	2.30	2.27	2.35	2.33	2.36	2.30	2.25	2.14	2.43
Base: no. of solutions	287	173	114	177	107	70	110	66	44

The differences in terms of longevity are not statistically significant. The trend in the data is opposite to the predicted direction. In other words, among both urban and rural respondents new members tend to give more solutions than do ongoing members.

Highly involved rural parents tend to give more alternatives than do less involved parents. This difference does not hold for urban parents.

1.6.2 Types of solution: first response

Table IV-11a. Nocturnal crying: distribution of first responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sam-ple	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20 Mos
Investigation	71 (20)	13 (19)	27 (18)	31 (22)	59 (28)	11 (30)	22 (23)	26 (31)	12 (9)	2 (7)	5 (9)	5 (9
Supportive	114 (32)	18 (27)	53 (36)	43 (31)	55 (26)	9 (24)	32 (34)	14 (17)	59 (42)	9 (30)	21 (39)	29 (52
Vocalization	18 (5)	4 (6)	5 (3)	9 (6)	13 (6)	1 (3)	3 (3)	9 (11)	5 (4)	3 (10)	2 (3)	– –
Feed/Give medication	24 (7)	5 (7)	9 (6)	10 (7)	20 (9)	5 (14)	9 (10)	6 (7)	4 (3)	– –	– –	4 (7
Tire	56 (16)	14 (21)	24 (16)	18 (13)	25 (12)	5 (14)	10 (11)	10 (12)	31 (22)	9 (30)	14 (26)	8 (14
Ignore	55 (16)	10 (15)	24 (16)	21 (15)	35 (16)	6 (16)	16 (17)	13 (16)	20 (14)	4 (13)	8 (15)	8 (14
Punish	16 (4)	3 (4)	6 (4)	7 (5)	7 (3)	– –	2 (2)	5 (6)	9 (6)	3 (10)	4 (8)	2 (4
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-11b. Nocturnal crying: distribution of first responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Investigation	58 (20)	33 (19)	25 (22)	48 (27)	29 (27)	19 (27)	10 (9)	4 (6)	6 (14)
Supportive	96 (33)	58 (34)	38 (33)	46 (26)	28 (26)	18 (26)	50 (45)	30 (45)	20 (45)
Vocalization	14 (5)	9 (5)	5 (4)	12 (7)	8 (8)	4 (6)	2 (2)	1 (2)	1 (2)
Feed/Give medication	19 (7)	10 (6)	9 (8)	15 (8)	9 (8)	6 (9)	4 (4)	1 (2)	3 (7)
Tire	42 (15)	27 (16)	15 (13)	20 (11)	13 (12)	7 (10)	22 (20)	14 (21)	8 (18)
Ignore	45 (16)	26 (15)	19 (17)	29 (16)	15 (14)	14 (20)	16 (14)	11 (17)	5 (11)
Punish	13 (4)	10 (6)	3 (3)	7 (4)	5 (5)	2 (3)	6 (5)	5 (8)	1 (2)
Base: number of respondents	287	173	114	177	107	70	110	66	44

The most striking differences are between rural and urban parents. More urban mothers (28%) are likely to check to see if something is wrong than are rural mothers (9%). Rural mothers tend more to provide support or comfort for the child (42%) than do urban mothers (26%). In fact 52%

of the long-term rural members offer this as their first solution, whereas only 17% of urban long-term respondents give this as a first response.

Rural mothers, particularly new rural mothers, are more likely to let the child stay up until he is tired, than are urban mothers.

It should be noted that this is the first item for which punishment does not constitute a major response category.

Within the urban group there are no effects relating to length of membership or of involvement. More long-term rural mothers tend to be supportive as a first response than is the case among new mothers, but the rest of the data show no consistent differences.

1.6.3 Types of solutions: all responses

Table IV-12a. Nocturnal crying: distribution of all responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Investigation	140 (17)	25 (15)	58 (17)	57 (17)	106 (21)	18 (20)	46 (21)	42 (21)	34 (10)	7 (10)	12 (10)	15 (12)
Supportive	232 (28)	48 (29)	98 (29)	86 (26)	121 (24)	25 (27)	57 (26)	39 (20)	111 (34)	23 (32)	41 (34)	47 (37)
Vocalization	71 (9)	12 (7)	26 (8)	33 (10)	33 (6)	3 (3)	10 (5)	20 (10)	38 (12)	9 (12)	16 (13)	13 (10)
Feed/Give medication	81 (10)	22 (13)	29 (9)	30 (9)	57 (11)	15 (16)	25 (12)	17 (8)	24 (7)	7 (10)	4 (3)	13 (10)
Tire	123 (15)	25 (15)	55 (16)	43 (13)	67 (13)	12 (13)	30 (14)	25 (13)	56 (17)	13 (18)	25 (21)	18 (14
Ignore	135 (16)	24 (15)	55 (16)	56 (17)	97 (19)	15 (16)	40 (19)	42 (21)	38 (12)	9 (12)	15 (12)	14 (11
Punish	43 (5)	8 (5)	14 (4)	21 (6)	23 (4)	3 (3)	7 (3)	13 (7)	20 (6)	5 (7)	7 (6)	8 (6
Base: total responses	825	164	335	326	504	91	215	198	321	73	120	128

Table IV-12b. Nocturnal crying: distribution of all responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Investigation	115 (17)	64 (16)	51 (19)	88 (21)	50 (20)	38 (24)	27 (11)	14 (10)	13 (12)
Supportive	184 (28)	107 (27)	77 (29)	96 (23)	57 (23)	39 (24)	88 (35)	50 (35)	38 (36)
Vocalization	59 (9)	36 (9)	23 (8)	30 (7)	20 (8)	10 (6)	29 (12)	16 (11)	13 (12)
Feed/Give medication	59 (9)	37 (9)	22 (8)	42 (10)	29 (12)	13 (8)	17 (7)	8 (6)	9 (8)
Tire	98 (15)	62 (16)	36 (13)	55 (13)	36 (14)	19 (12)	43 (17)	26 (18)	17 (16)
Ignore	111 (17)	64 (16)	47 (18)	82 (20)	46 (18)	36 (22)	29 (12)	18 (13)	11 (10)
Punish	35 (5)	23 (6)	12 (4)	20 (5)	14 (6)	6 (4)	15 (6)	9 (6)	6 (6)
Base: total responses	661	393	268	413	252	161	248	141	107

There are no striking differences between any of the major subgroups. However, the overall pattern of responses to this item is quite interesting. Punishment is not considered by most parents in this instance. Rather the majority of parents think of investigation, supportive behavior, and letting the child stay up as being within their range of options. Letting the baby cry himself to sleep is also a fairly common option, mentioned by nearly one out of five urban mothers. Soothing the child by verbal means is a relatively rare response.

As is the situation with the child being a nuisance, some mothers were concerned about giving in to what they perceive as attention-getting behavior of their children. For instance: "I just let her stay in the bed and leave her alone until she falls asleep. Sometimes I give her the bottle. Most of the time they just do it to get attention and I don't believe in picking them up and rocking them because then they want it all the time."

However, as discussed already the majority of mothers tend to be investigative and supportive in their approach. Solutions such as the following are quite typical of the responses made: "When my baby cries like that I usually take the child out of the crib and comfort him. I hold him and sing to him or talk to him. I try to find out if something is wrong, like being sick or hungry or wet."

"I take him and hold him for a while. If he's old enough I'll read him a bedtime story or I give him his favorite toy."

"I pick him up and talk to him and play with him until he falls asleep. If he's not tired there's no sense in forcing him to sleep."

1.7 Sharing behavior

"If your baby is playing with another child, and only wants what the other child has, what do you do? How do you teach him to share?"

Seven codes were developed for this item:

- Explanation:
  Verbal explanation about why sharing, taking turns, is important.
- Distraction:
  Attempts to get the child involved in something else.
- Removal of toy:
  Neither child is allowed to play with the toy.
- Verbal disapproval.
- Termination of contact:
  The children are separated and/or the offending child is removed.
- Ignoring behavior.
- Physical punishment.

1.7.1 The number of solutions

Table IV-13a. Sharing behavior: number of solutions, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
No response	15 (4)	4 (6)	10 (7)	1 (1)	11 (5)	3 (8)	7 (7)	1 (1)	4 (3)	1 (3)	3 (6)	- -
One response	128 (36)	24 (36)	51 (34)	53 (38)	68 (32)	11 (30)	28 (30)	29 (35)	60 (43)	13 (43)	23 (43)	24 (43)
Two responses	141 (40)	25 (37)	60 (40)	56 (40)	82 (38)	12 (32)	39 (41)	31 (37)	59 (42)	13 (43)	21 (39)	25 (45)
Three responses	63 (18)	14 (21)	25 (17)	24 (17)	47 (22)	11 (30)	18 (19)	18 (22)	16 (11)	3 (10)	7 (13)	6 (11)
Four responses	7 (2)	- -	2 (1)	5 (4)	6 (3)	- -	2 (2)	4 (5)	1 (1)	- -	- -	1 (2)
Mean # of solutions	1.77	1.73	1.72	1.85	1.86	1.84	1.79	1.94	1.64	1.60	1.59	1.71
Base: # of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-13b. Sharing behavior: number of solutions, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
No response	11 (4)	8 (5)	3 (3)	8 (4)	5 (5)	3 (4)	3 (3)	3 (5)	- -
One response	104 (36)	65 (38)	39 (34)	57 (32)	35 (33)	22 (31)	47 (43)	30 (45)	17 (39)
Two responses	116 (40)	69 (40)	47 (41)	70 (40)	44 (41)	26 (37)	46 (42)	25 (38)	21 (48)
Three responses	49 (17)	29 (17)	20 (18)	36 (20)	22 (21)	14 (20)	13 (12)	7 (11)	6 (14)
Four responses	7 (2)	2 (1)	5 (4)	6 (3)	1 (1)	5 (7)	1 (1)	1 (2)	- -
Mean # of solutions	1.78	1.72	1.87	1.86	1.80	1.94	1.65	1.59	1.75
Base: # of respondents	287	173	114	177	107	70	110	66	44

None of the subgroup differences are statistically significant. Regardless of longevity or of involvement level, all respondent subgroups tend to give the same number of responses.

1.7.2 Types of solutions: first response

Table IV-14a. Sharing behavior: distribution of first responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Explanation	147 (42)	29 (43)	62 (42)	56 (40)	82 (38)	12 (32)	37 (39)	33 (40)	65 (46)	17 (57)	25 (47)	23 (41)
Distraction	80 (22)	15 (22)	30 (20)	35 (25)	41 (19)	10 (27)	19 (20)	12 (14)	39 (28)	5 (17)	11 (20)	23 (41)
Take toy from children	16 (4)	3 (4)	5 (3)	8 (6)	10 (5)	2 (5)	3 (3)	5 (6)	6 (4)	1 (3)	2 (4)	3 (5)
Verbal disapproval	81 (23)	12 (18)	36 (24)	33 (24)	61 (28)	7 (20)	26 (28)	28 (34)	20 (14)	5 (17)	10 (18)	5 (9)
Terminate contact	7 (2)	3 (4)	2 (1)	2 (1)	5 (2)	2 (5)	1 (1)	2 (2)	2 (1)	1 (3)	1 (2)	- -
Ignore	6 (2)	1 (1)	3 (2)	2 (1)	2 (1)	1 (3)	1 (1)	- -	4 (3)	- -	2 (4)	2 (4)
Physical punishment	2 (1)	- -	- -	2 (1)	2 (1)	- -	- -	2 (2)	- -	- -	- -	- -
No response	15 (4)	4 (6)	10 (7)	1 (1)	11 (5)	3 (8)	7 (7)	1 (1)	4 (3)	1 (3)	3 (6)	- -
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-14b. Sharing behavior: distribution of first responses, involvement.

RESPONSES	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
	Sample	Low	High	Total	Low	High	Total	Low	High
Explanation	118 (41)	73 (42)	45 (39)	70 (40)	45 (42)	25 (36)	48 (44)	28 (42)	20 (45)
Distraction	65 (23)	40 (23)	25 (22)	31 (18)	22 (20)	9 (13)	34 (31)	18 (27)	16 (36)
Takes toy from children	13 (4)	9 (6)	4 (4)	8 (4)	5 (5)	3 (4)	5 (4)	4 (6)	1 (2)
Verbal disapproval	69 (24)	38 (22)	31 (27)	54 (30)	27 (25)	27 (39)	15 (14)	11 (17)	4 (9)
Terminate contact	4 (1)	2 (1)	2 (2)	3 (2)	2 (2)	1 (1)	1 (1)	- -	1 (2)
Ignore	5 (2)	2 (1)	3 (3)	1 (1)	- -	1 (1)	4 (4)	2 (3)	2 (4)
Physical punishment	2 (1)	1 (1)	1 (1)	2 (1)	1 (1)	1 (1)	- -	- -	- -
No response	11 (4)	8 (5)	3 (3)	8 (4)	5 (5)	3 (4)	3 (3)	3 (4)	- -
Base: number of respondents	287	173	114	177	107	70	110	66	44

Among urban parents, the first response of ongoing members is more likely to be an effort at explanation than is the case among new parents. New parents tend to rely more on distraction than do ongoing members. Among ongoing members, the technique of choice appears to be either explanation or verbal disapproval. While new parents tend to rely on distraction, the single greatest response category among ongoing parents is explanation.

Among rural responsents, explanation is offered as a first response by a majority of the new parents. While this response category is the most popular among all rural parents, more new rural parents use it than any other subgroup. Ongoing parents mention distraction and explanation in equal proportions.

Highly involved urban members are somewhat more likely to use verbal disapproval than are less involved members. Contrary to what was expected, more low involved respondents than high involved respondents rely on explanation and distraction techniques.

Among rural parents, this pattern is reversed. More high involved members suggest explanation and distraction than do less involved; whereas, more low involved parents use verbal disapproval than do the high involved.

1.7.3 Types of solutions: all responses

Table IV-15a. Sharing behavior: distribution of all responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Explanation	217 (35)	44 (38)	87 (34)	86 (33)	130 (33)	25 (37)	55 (33)	50 (31)	87 (38)	19 (40)	32 (37)	36 (38)
Distraction	154 (24)	28 (24)	62 (24)	64 (25)	94 (24)	18 (26)	43 (26)	33 (20)	60 (26)	10 (21)	19 (22)	31 (32)
Take toy from children	53 (8)	7 (6)	24 (9)	22 (9)	32 (8)	5 (7)	16 (10)	11 (7)	21 (9)	2 (4)	8 (9)	11 (11)
Verbal disapproval	104 (16)	15 (13)	48 (19)	41 (16)	76 (19)	8 (12)	34 (20)	34 (21)	28 (12)	7 (14)	14 (16)	7 (7)
Terminate contact	67 (11)	13 (11)	21 (8)	33 (13)	47 (12)	9 (13)	12 (7)	26 (16)	20 (9)	4 (8)	9 (10)	7 (7)
Ignore	15 (2)	3 (2)	8 (3)	4 (2)	9 (2)	2 (3)	5 (3)	2 (1)	6 (3)	1 (2)	3 (3)	2 (2)
Physical punishment	17 (3)	6 (5)	4 (2)	7 (3)	9 (2)	1 (1)	3 (2)	5 (3)	8 (3)	5 (10)	1 (1)	2 (2)
Base: total responses	627	116	254	257	397	68	168	161	230	48	86	96

Table IV-15b. Sharing behavior: distribution of all responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Explanation	173 (34)	103 (34)	70 (33)	105 (32)	62 (32)	43 (32)	68 (37)	41 (39)	27 (35)
Distraction	126 (25)	72 (24)	54 (25)	76 (23)	45 (23)	31 (23)	50 (27)	27 (26)	23 (30)
Take toy from children	46 (9)	31 (10)	15 (7)	27 (8)	20 (10)	7 (5)	19 (10)	11 (10)	8 (10)
Verbal disapproval	89 (17)	50 (17)	39 (18)	68 (21)	36 (19)	32 (24)	21 (12)	14 (13)	7 (9)
Terminate contact	54 (10)	30 (10)	24 (11)	38 (12)	23 (12)	15 (11)	16 (9)	7 (7)	9 (12)
Ignore	12 (2)	7 (2)	5 (2)	7 (2)	4 (2)	3 (2)	5 (3)	3 (3)	2 (2)
Physical punishment	11 (2)	5 (2)	6 (3)	8 (2)	3 (2)	5 (4)	3 (2)	2 (2)	1 (1)
Base: total responses	511	298	213	329	193	136	182	105	77

As can be seen from Table 15a, the most frequently used response involves explaining to the child why toys should be shared and encouragement of turn-taking behavior. Distraction of the child with other toys is the next most frequent response category. Verbal disapproval is used by relatively few parents, as are all other categories. It is interesting to note that, whereas other behaviors discussed are ignored by many, poor social behavior elicits a reaction from the vast majority of parents. Very few parents simply ignore this behavior. The alternatives given by one parent represent the sequence suggested by many: "I tell him he has to learn how to share because it's not good to be selfish. I try to get another toy for him. I tell him he is being a bad boy."

Many parents felt stumped by this item and indicated that beyond telling the children that they should share their toys they really didn't know what to do.

The overall pattern of explanation and/or getting a different toy for each child is fairly consistent for all subgroups. No consistent differences are apparent in terms of long-term vs. new members. More rural long-term respondents state that they would distract the child with another toy than do new parents, but this situation is reversed among urban parents. Use of verbal disapproval seems to be less common among long-term members than among new parents regardless of whether the parents are urban or rural.

1.8 Aggression toward others

"Supposing your child hits another child, what do you do?"

Nine coding categories were developed for this item:

- Investigation:

  Inquiry into the underlying reason.

- Explanation:

  Hitting is wrong, if child hits others they will hit him.

- Distraction:

  Focusing child's attention on other things.

- Verbal disapproval.

- Humiliation:

  Shaming child, demanding apologies.

- Retaliation:

  Child gets "paid back" because the other child hits him.

- Isolation:

  Removal of child.

- Ignoring.

- Physical punishment.

1.8.1 The number of solutions

Table IV-16a. Aggression toward others: number of solutions, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY *				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
No response	6 (2)	1 (1)	3 (2)	2 (1)	5 (2)	1 (3)	2 (2)	2 (2)	1 (1)	- -	1 (2)	- -
One response	68 (19)	17 (25)	28 (19)	23 (16)	40 (19)	11 (30)	14 (15)	15 (18)	28 (20)	6 (20)	14 (26)	8 (14)
Two responses	187 (53)	27 (40)	83 (56)	77 (55)	117 (55)	13 (35)	62 (66)	42 (51)	70 (50)	14 (47)	21 (39)	35 (63)
Three responses	76 (21)	19 (28)	27 (18)	30 (22)	43 (20)	11 (30)	11 (12)	21 (25)	33 (24)	8 (27)	16 (30)	9 (16)
Four responses	17 (5)	3 (4)	7 (5)	7 (5)	9 (4)	1 (3)	5 (5)	3 (4)	8 (6)	2 (7)	2 (4)	4 (7)
Mean # of solutions	2.08	2.09	2.05	2.12	2.05	2.00	2.03	2.10	2.14	2.20	2.07	2.16
Base: # of respondents	354	67	148	139	214	37	94	83	140	30	54	56

* $P < .05$

Table IV-16b. Aggression toward others: number of solutions, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
No response	5 (2)	5 (3)	- -	4 (2)	4 (4)	- -	1 (1)	1 (2)	- -
One response	51 (18)	34 (20)	17 (15)	29 (16)	16 (15)	13 (19)	22 (20)	18 (27)	4 (9)
Two responses	160 (56)	96 (55)	64 (56)	104 (59)	65 (61)	39 (56)	56 (51)	31 (47)	25 (57)
Three responses	57 (20)	27 (16)	30 (26)	32 (18)	16 (15)	16 (23)	25 (23)	11 (17)	14 (32)
Four responses	14 (5)	11 (6)	3 (3)	8 (4)	6 (6)	2 (3)	6 (5)	5 (8)	1 (2)
Mean # of solutions	2.08	2.03	2.17	2.06	2.04	2.10	2.12	2.02	2.27
Base: # of respondents	287	173	114	177	107	70	110	66	44

Proportionately more new members give only one response to this item, while proportionately more old time members give more than one response.

Both urban and rural highly involved parents give a greater average number of responses than do less involved parents.

Approximately one third of the rural highly involved parents give three or more responses, only one quarter of low involved parents offer three or more alternatives.

1.8.2 Types of solutions: first response

Table IV-17a. Aggression toward others: distribution of first responses, longevity.

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Investigation	42 (12)	8 (12)	14 (9)	20 (14)	28 (13)	5 (14)	8 (9)	15 (18)	14 (10)	3 (10)	6 (11)	5 (9)
Explanation	67 (19)	12 (18)	26 (18)	29 (21)	42 (20)	8 (22)	20 (21)	14 (17)	25 (18)	4 (13)	6 (11)	15 (27)
Distraction	1 -	- -	1 (1)	- -	- -	- -	- -	- -	1 (1)	- -	1 (2)	- -
Verbal disapproval	68 (19)	15 (22)	32 (22)	21 (15)	35 (16)	6 (16)	18 (19)	11 (13)	33 (24)	9 (30)	14 (26)	10 (18)
Humiliation	9 (2)	1 (1)	4 (3)	4 (3)	5 (2)	1 (3)	1 (1)	3 (4)	4 (3)	- -	3 (6)	1 (2)
Retaliation	35 (7)	6 (9)	15 (10)	14 (10)	23 (11)	4 (11)	11 (12)	8 (10)	12 (9)	2 (7)	4 (7)	6 (11)
Isolation	21 (6)	4 (6)	9 (6)	8 (6)	11 (5)	4 (11)	5 (5)	2 (2)	10 (7)	- -	4 (7)	6 (11)
Ignore	12 (3)	2 (3)	3 (2)	7 (5)	7 (3)	2 (5)	1 (1)	4 (5)	5 (4)	- -	2 (4)	3 (5)
Physical punishment	93 (26)	18 (27)	41 (28)	34 (24)	58 (27)	6 (16)	28 (30)	24 (29)	35 (25)	12 (40)	13 (24)	10 (18)
No response	6 (2)	1 (1)	3 (2)	2 (1)	5 (2)	1 (3)	2 (2)	2 (2)	1 (1)	- -	1 (2)	- -
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-17b. Aggression toward others: distribution of first responses, involvement.

RESPONSES	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
	Sample	Low	High	Total	Low	High	Total	Low	High
Investigation	34 (12)	16 (9)	18 (16)	23 (13)	10 (9)	13 (19)	11 (10)	6 (9)	5 (11)
Explanation	55 (19)	23 (13)	32 (28)	34 (19)	18 (17)	16 (23)	21 (19)	5 (8)	16 (36)
Distraction	1 -	1 (1)	- -	- -	- -	- -	1 (1)	1 (2)	- -
Verbal disapproval	53 (18)	36 (21)	17 (15)	29 (16)	20 (19)	9 (13)	24 (22)	16 (24)	8 (18)
Humiliation	8 (3)	4 (2)	4 (4)	4 (2)	2 (2)	2 (3)	4 (4)	2 (3)	2 (5)
Retaliation	29 (10)	22 (13)	7 (6)	19 (11)	15 (14)	4 (6)	10 (9)	7 (11)	3 (7)
Isolation	17 (6)	10 (6)	7 (6)	7 (4)	5 (5)	2 (3)	10 (9)	5 (8)	5 (11)
Ignore	10 (3)	7 (4)	3 (3)	5 (3)	3 (3)	2 (3)	5 (4)	4 (6)	1 (2)
Physical punishment	75 (26)	49 (28)	26 (23)	52 (29)	30 (28)	22 (31)	23 (21)	19 (29)	4 (9)
No response	5 (2)	5 (3)	- -	4 (2)	4 (4)	- -	1 (1)	1 (2)	- -
Base: number of respondents	287	173	114	177	107	70	110	66	44

Among urban mothers, physical punishment is the most frequently mentioned first response. Moreover, there is a tendency for fewer new members than ongoing members to rely on physical punishment as a mechanism for socializing aggression. More than one quarter of the ongoing urban parents say that their first response to the aggression of one child toward another is to hit the offending child. Explanation and verbal disapproval are the next most frequently mentioned alternatives. More new mothers select these options than do the long-term members. Thus, the trends in the urban data are precisely the opposite of what was expected.

Among rural parents physical punishment and verbal disapproval are the most common response modes. However, in this instance the trends are in the direction predicted. Whereas 40% of the new rural mothers offer physical punishment as a first alternative, only 18% of the long-term members make this their first response. Similarly, verbal disapproval is mentioned first by 30% of the new respondents and only 18% of long-term members.

Among rural parents, more high involved parents mention explanation as a first alternative. Whereas this is first choice for only 8% of low involvement parents, it is first for 36% of the high involved. Similarly, there are fewer instances of physical punishment among high involvement (9%) parents than by the less involved (29%).

Among urban parents the differences are less marked, but the same trend is evident. Among the highly involved, more parents try to explain why children should not hit each other. However, use of physical punishment is offered as a first option by 31% of highly involved parents and by 27% of the less involved.

1.8.3 Types of solutions: all responses

Table IV-18a. Aggression toward others: distribution of all responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Investigation	55 (7)	11 (8)	19 (6)	25 (8)	35 (8)	6 (8)	10 (5)	19 (11)	20 (7)	5 (8)	9 (8)	6 (5)
Explanation	118 (16)	21 (15)	45 (15)	52 (18)	76 (17)	13 (18)	34 (18)	29 (17)	42 (14)	8 (12)	11 (10)	23 (19)
Distraction	8 (1)	1 (1)	4 (1)	3 (1)	2 (1)	- -	2 (1)	- -	6 (2)	1 (2)	2 (2)	3 (2)
Verbal disapproval	120 (16)	24 (17)	49 (16)	47 (16)	65 (15)	9 (12)	28 (15)	28 (16)	55 (18)	15 (23)	21 (19)	19 (16)
Humiliation	36 (5)	5 (4)	12 (4)	19 (6)	23 (5)	4 (5)	7 (4)	12 (7)	13 (4)	1 (2)	5 (4)	7 (6)
Retaliation	68 (9)	10 (7)	32 (10)	26 (9)	48 (11)	8 (11)	24 (13)	16 (9)	20 (7)	2 (3)	8 (7)	10 (8)
Isolation	122 (16)	24 (17)	49 (16)	49 (17)	66 (15)	14 (19)	28 (15)	24 (14)	56 (19)	10 (15)	21 (19)	25 (21)
Ignore	25 (3)	4 (3)	12 (4)	9 (3)	12 (3)	3 (4)	4 (2)	5 (3)	13 (4)	1 (2)	8 (7)	4 (3)
Physical punishment	186 (25)	40 (27)	81 (27)	65 (22)	112 (26)	17 (23)	54 (28)	41 (24)	74 (25)	23 (35)	27 (24)	24 (20)
Base: total responses	738	140	303	295	439	74	191	174	299	66	112	121

Table IV-18b. Aggression toward others: distribution of all responses, involvement.

RESPONSES	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
	Sample	Low	High	Total	Low	High	Total	Low	High
Investigation	44 (7)	21 (6)	23 (9)	29 (8)	13 (6)	16 (11)	15 (6)	8 (6)	7 (7)
Explanation	97 (16)	45 (13)	52 (21)	63 (17)	35 (16)	28 (19)	34 (14)	10 (8)	24 (24)
Distraction	7 (1)	3 (1)	4 (2)	2 (1)	- -	2 (1)	5 (2)	3 (2)	2 (2)
Verbal disapproval	96 (16)	61 (17)	35 (14)	56 (15)	34 (16)	22 (15)	40 (17)	27 (20)	13 (13)
Humiliation	31 (5)	21 (6)	10 (4)	19 (5)	14 (6)	5 (3)	12 (5)	7 (5)	5 (5)
Retaliation	58 (10)	41 (12)	17 (7)	40 (11)	29 (13)	11 (7)	18 (8)	12 (9)	6 (6)
Isolation	98 (16)	54 (15)	44 (18)	52 (14)	32 (15)	20 (14)	46 (20)	22 (17)	24 (24)
Ignore	21 (4)	14 (4)	7 (3)	9 (2)	5 (2)	4 (3)	12 (5)	9 (7)	3 (3)
Physical punishment	146 (24)	91 (26)	55 (22)	95 (26)	56 (26)	39 (27)	51 (22)	35 (26)	16 (16)
Base: total responses	598	351	247	365	218	147	233	133	100

As was the case with first alternatives, when all options are taken together, physical punishment is mentioned by more people than any other solution. This is true among both urban and rural parents. However, explanation, verbal disapproval, and isolation of the child are all mentioned by relatively large numbers of people. Among rural parents there is a tendency for more long-term parents to think of explanation as an alternative than is the case among new parents.

The following is a rather typical example of the almost universal reliance on physical punishment and isolation: "If my child hits another child for no reason I will slap her on the hand and tell her not to do it. If she doesn't stop I would give her a spanking or punish her by making her go to bed."

While many parents present spanking as a first option, for others it is only the last of a series of alternatives. For instance: "The first thing I do is ask why did you hit the other child. Then I explain he shouldn't do it. If he doesn't stop I would separate them. And if he didn't listen at all I would spank him."

Among highly involved rural respondents there is a tendency for more parents to rely on explanation and on isolation of the child than is the case among the low involvement group. More of the latter group use verbal disapproval and physical punishment. Differences among urban respondents are less marked but also show a trend in the predicted direction. More of the highly involved parents mention investigation and explanation than is the case among the less involved.

1.9 Summary of solutions to alternatives

The following represents a summary of findings for each of the three measures used.

Number of alternatives

- Differences are significant on two of the items. On one of these, long-term urban parents give more solutions than new parents. On another item, high involved rural parents give more alternatives than do the low involved.

  Thus, out of 24 possible chi-square analyses (longevity urban, longevity rural, involvement urban, involvement rural - for each of six items), only two are significant.

- The trend for eight of the analyses is in the predicted direction, i.e., long-term or involved parents give more responses. In five of the analyses, the trend is in the opposite direction, and in nine cases, there are no differences at all between subgroups.

First response

- In most problem-solving situations, long-term members and involved parents tend to rely more on explanation, support, and verbal disapproval than do new and low involved parents. The new and low involved respondents are in most situations more likely to rely on physical punishment than on the techniques mentioned above.

Overall response patterns

- Physical punishment is mentioned as an alternative by a majority of all respondents. Some think of hitting the child as a first solution; for many it represents a third solution when other ideas have been exhausted.
- Rural parents tend to punish less, and to rely more on explanation and support, than urban parents. Rural parents are more likely to try to investigate why the child is engaging in negative behavior and seem less reluctant to give attention and affection.
- In general, the long-term and high involved mothers, particularly rural ones, tend to be more supportive, more in favor of explanation, and of investigation into underlying causes, than are mothers new to PCC.

2 Basic issues and feelings involved in child rearing

2.1 Sex education

"What would you say if your young child asks where babies come from?"

Six codes were developed for this item:

- Stalling:
  Telling him nothing, sending him to someone else, telling him to wait until he's older.
- Myth-making:
  Explanation which includes fairy tale origins, God, or stork.
- Doctor/hospital
- Stomach:
  Simple statement that babies come from the stomach.
- Correct explanation:
  Either simple or complex.
- No report, refusal, don't know.

2.1.1 Distribution of responses

Table IV-19a. Sex education: distribution of responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sam-ple	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Stalling, etc.	74 (16)	13 (16)	31 (16)	30 (17)	51 (19)	8 (21)	21 (17)	22 (22)	23 (12)	5 (11)	10 (14)	8 (11)
Myth-making	59 (13)	13 (16)	26 (13)	20 (11)	26 (10)	3 (8)	13 (11)	10 (10)	33 (17)	10 (23)	13 (18)	10 (14)
Doctor/hospital	80 (18)	11 (13)	38 (20)	31 (18)	44 (17)	6 (15)	24 (20)	14 (14)	36 (19)	5 (11)	14 (19)	17 (24)
Stomach	101 (22)	17 (20)	41 (21)	43 (25)	56 (21)	8 (21)	22 (18)	26 (25)	45 (24)	9 (20)	19 (26)	17 (24)
Correct explanation	53 (12)	9 (11)	26 (13)	18 (10)	28 (11)	2 (5)	16 (13)	10 (10)	25 (13)	7 (16)	10 (14)	8 (11)
No report, refusal, don't know	84 (19)	20 (24)	32 (16)	32 (18)	57 (22)	12 (31)	25 (21)	20 (20)	27 (14)	8 (18)	7 (10)	12 (17)
Base: total responses	451	83	194	174	262	39	121	102	189	44	73	72

Table IV-19b. Sex education: distribution of responses, involvement.

RESPONSES	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
	Sample	Low	High	Total	Low	High	Total	Low	High
Stalling, etc.	61 (16)	35 (15)	26 (18)	43 (19)	22 (16)	21 (24)	18 (12)	13 (14)	5 (9)
Myth-making	46 (12)	30 (13)	16 (11)	23 (10)	16 (12)	7 (8)	23 (16)	14 (16)	9 (16)
Doctor/hospital	69 (18)	47 (21)	22 (16)	38 (17)	27 (20)	11 (13)	31 (21)	20 (22)	11 (20)
Stomach	84 (23)	51 (22)	33 (23)	48 (22)	29 (21)	19 (22)	36 (25)	22 (24)	14 (25)
Correct explanation	44 (12)	23 (10)	21 (15)	26 (12)	13 (9)	13 (15)	18 (12)	10 (11)	8 (15)
No report, refusal, don't know	64 (17)	41 (18)	23 (16)	45 (20)	30 (22)	15 (17)	19 (13)	11 (12)	8 (15)
Base: total responses	368	227	141	223	137	86	145	90	55

As can be seen from Table IV-19a, 38% of urban parents would respond to the question "where do babies come from" either by mentioning the mother's stomach or the doctor or hospital. One quarter of all urban mothers say they do not know what they would say and did not answer the question. More highly involved than less involved parents state they would offer the child an explanation, and more of the latter give mythical explanations.

Among rural parents, the baby's place in the stomach is the most popular response. However, myth-making is the response of nearly one out of every five rural parents. Fewer long-term members would respond with a myth than is the case among new parents. Proportionately, a few more highly involved parents than low involved parents state that they would offer a true explanation.

As is apparent from the pattern of responses, parents differ in their opinion as to whether or not to give accurate information. Some parents suggest use of books to help with real explanations, a large number of parents say such things as: "you have to go to the hospital and order it," "doctor gave me our baby."

A substantial proportion of parents state that they would rely on myth-making as a response. The following responses are illustrative:

> "We tell the children that we buy the babies in the store."
>
> "I would tell him Santa Claus brought the babies."
>
> "I always say the plane brings them."
>
> "I tell them it comes from a cabbage."
>
> "Can tell them babies grow on trees."

Also, many parents mention God, Jesus, and heaven as a source of babies.

A substantial proportion of parents state that they are uncomfortable with the topic and do not know how to handle it. For instance: "I'd be embarrassed. I'd say they come from the other state or the other city. I wouldn't really know what to say."

"I don't know. I'd wait for other kids to tell him."

"Wait 'til he gets to the age where he can do it himself. He can go out and find out himself."

2.2 Toilet training

Ss were asked to tell at what age they would begin toilet training and how they would go about doing the training.

2.2.1 Distribution of responses

Table IV-20a. Age of toilet training: distribution of responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
10 months or less	60 (17)	13 (19)	27 (18)	20 (14)	50 (23)	10 (27)	24 (26)	16 (19)	10 (7)	3 (10)	3 (6)	4 (7)
11 to 14 months	91 (26)	12 (18)	44 (30)	35 (25)	72 (34)	9 (24)	34 (36)	29 (35)	19 (14)	3 (10)	10 (19)	6 (11)
15 to 22 months	104 (29)	22 (33)	37 (25)	45 (32)	39 (18)	6 (16)	15 (16)	18 (22)	65 (46)	16 (53)	22 (41)	27 (48)
23 to 26 months	44 (12)	9 (13)	14 (9)	21 (15)	22 (10)	5 (14)	6 (6)	11 (13)	22 (16)	4 (13)	8 (15)	10 (18)
27 months or more	3 (1)	- -	1 (1)	2 (1)	1 (1)	- -	1 (1)	- -	2 (1)	- -	- -	2 (4)
When child first walks	17 (5)	5 (7)	7 (5)	5 (4)	13 (6)	3 (8)	6 (6)	4 (5)	4 (3)	2 (7)	1 (2)	1 (2)
No age mentioned	30 (8)	4 (6)	15 (10)	11 (8)	16 (8)	3 (8)	8 (9)	5 (6)	14 (10)	1 (3)	7 (13)	6 (11)
No response	5 (1)	2 (3)	3 (2)	- -	1 (1)	1 (2)	- -	- -	4 (3)	1 (3)	3 (6)	- -
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-20b. Age of toilet training: distribution of responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
10 months or less	47 (16)	26 (15)	21 (18)	40 (22)	21 (20)	19 (27)	7 (6)	5 (8)	2 (5)
11 to 14 months	79 (28)	56 (32)	23 (20)	63 (36)	42 (39)	21 (30)	16 (14)	14 (21)	2 (5)
15 to 22 months	82 (28)	47 (27)	35 (31)	33 (17)	21 (20)	12 (17)	49 (44)	26 (39)	23 (52)
23 to 26 months	35 (12)	17 (10)	18 (16)	17 (10)	9 (8)	8 (11)	18 (16)	8 (12)	10 (23)
27 months or more	3 (1)	2 (1)	1 (1)	1 (1)	- -	1 (1)	2 (2)	2 (3)	- -
When child first walks	12 (4)	9 (5)	3 (3)	10 (6)	7 (7)	3 (4)	2 (2)	2 (3)	- -
No age mentioned	26 (9)	13 (8)	13 (11)	13 (7)	7 (7)	6 (9)	13 (12)	6 (9)	7 (16)
No response	3 (1)	3 (2)	- -	- -	- -	- -	3 (3)	3 (4)	- -
Base: number of respondents	287	173	114	177	107	70	110	66	44

The majority of urban parents (57%) begin toilet training before the baby is 14 months old. Early toilet training is reported by both new and long-term members, and by the majority of parents, regardless of involvement.

The majority of rural parents report training between 15 and 26 months. This later time period is favored by new members as well as by ongoing members. Highly involved parents tend to toilet train later than do the less involved parents.

Few mothers mention the child's verbal comprehension as a criterion of readiness. For most urban mothers, the developmental criterion seems to be the ability to walk. As one mother put it: "If he's old enough to walk, he's old enough to go in the toilet." Nearly all mothers feel that the baby has to at least be able to sit. However, this is not always the case. One mother said: "As soon as they come home from the hospital. They kick when they want to go. I'll take them to the bathroom in their first month."

The great majority of parents report that they accomplish toilet training by having the child watch either parents or siblings, and by regular trips to the potty. As one mother put it: "She sees me going and I take her every couple of hours so I catch what she has to make most of the time."

Some mothers mention punishment for accidents, which primarily involves either a spanking or letting the child stay in soiled pants. More mothers report positive reinforcement for success, which includes praise, candy, telling the family, and as one mother said: "the big fuss."

Differences in maternal behavior do not seem to be related to PCC membership.

2.3 The pleasures of parenthood

"Mothers differ a great deal in what they enjoy doing most with their children. What do you enjoy doing most with your children?"

Six coding categories were developed.

- Learning/teaching:
  Mother indicates her pleasure in helping the child to learn or her pride in what he is able to learn and do.
- Companionship:
  Mother indicates she likes to play, spend time, talk with, take care of child.
- Growth process:
  Mother likes to "see him grow," observe change.
- Material provision:
  Mother enjoys buying things, e.g., toys, food.
- Getting compliments:
  Mother likes admiration she gets from others as a function of the child's performance.
- Good behavior:
  Mother enjoys that the child is good, not too demanding, is able to manage on his own.

2.3.1 Distribution of responses

Table IV-21a. What mothers like about children: distribution of responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Learning/teaching	157 (44)	32 (48)	68 (46)	57 (41)	93 (44)	17 (46)	45 (48)	31 (37)	64 (46)	15 (50)	23 (43)	26 (46)
Companionship	106 (30)	20 (30)	33 (22)	53 (38)	52 (24)	11 (30)	13 (14)	28 (34)	54 (39)	9 (30)	20 (37)	25 (45)
Growth process	22 (6)	4 (6)	9 (6)	9 (6)	15 (7)	2 (5)	5 (5)	8 (10)	7 (5)	2 (7)	4 (7)	1 (2)
Material provision	43 (12)	6 (9)	25 (17)	12 (9)	31 (15)	2 (5)	21 (22)	8 (10)	12 (9)	4 (13)	4 (7)	4 (7)
Showing them off	6 (2)	2 (3)	2 (1)	2 (1)	5 (2)	2 (5)	1 (1)	2 (2)	1 (1)	- -	1 (2)	- -
Cooperation	17 (5)	2 (3)	10 (7)	5 (4)	15 (7)	2 (5)	8 (9)	5 (6)	2 (1)	- -	2 (4)	- -
No response	3 (1)	1 (1)	1 (1)	1 (1)	3 (1)	1 (3)	1 (1)	1 (1)	- -	- -	- -	- -
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-21b. What mothers like about children: distribution of responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Learning/teaching	125 (44)	81 (47)	44 (39)	76 (43)	47 (44)	29 (41)	49 (44)	34 (52)	15 (35)
Companionship	86 (30)	44 (25)	42 (37)	41 (23)	23 (21)	18 (26)	45 (41)	21 (32)	24 (54)
Growth process	18 (6)	9 (5)	9 (8)	13 (7)	6 (6)	7 (10)	5 (4)	3 (5)	2 (5)
Material provision	37 (13)	25 (14)	12 (10)	29 (16)	20 (19)	9 (13)	8 (7)	5 (8)	3 (7)
Showing them off	4 (1)	3 (2)	1 (1)	3 (2)	2 (2)	1 (1)	1 (1)	1 (2)	- -
Cooperation	15 (5)	10 (6)	5 (4)	13 (7)	8 (7)	5 (7)	2 (2)	2 (3)	- -
No response	2 (1)	1 (1)	1 (1)	2 (1)	1 (1)	1 (1)	- -	- -	- -
Base: number of respondents	287	173	114	177	107	70	110	66	44

Among urban parents, the most frequently mentioned category involves watching children learn, playing with them, and teaching them. This is stated somewhat more often by new parents than by long-term members, which is certainly the opposite of what was predicted. This response category is also the most frequently selected by rural participants.

Companionship which includes active listening to children and enjoying their presence is mentioned by a higher proportion of long-term rural members (45%) than is the case for new members (30%). Similarly, whereas a majority (54%) of highly involved parents mention this aspect of child rearing, only 32% of the low involved offer this response. These relationships do not obtain in the urban subsample. In general, companionship seems to be a greater source of pleasure to rural than to urban parents.

Parents' pleasure in their children was expressed in a variety of ways. The following responses are representative of what was said:

"Playing with her. I enjoy watching her go through the activities at PCC - puzzles, general learning play."

"Playing and singing together."

"I like to hear them talk - when they learn to ask for things. I like when they're learning letters and how to write their names."

"I enjoy everything about my baby. Just being with her and watching her develop."

"Talking in the kitchen, making cookies. Answering questions - I like that."

"We like neighborhood walks. I like to talk to him and kiss his little fat jaws. I like his smartness. I like buying him clothes and taking him to amusement parks."

"The way they learn. When they say and do things you don't expect they can do."

"When I feel that I have taught them something. When they are happy and I know they love me and I can provide them with the things they want and need."

2.4 The liabilities of parenthood

"What do you enjoy least about being a parent?"

The following codes were developed:

- Cleanliness:

  Dirty diapers, house work, physical care of the child.

- Child care:

  Sickness, toilet training, fixing bottles, bathing, cooking.

- Attention giving:

  Holding, playing, explaining, listening, watching, having to take responsibility.

- Discipline:

  Fighting, misbehavior, whining, handling anti-social behavior.

- Undifferentiated negative:

  Generally annoying, nagging, bothering.

2.4.1 Distribution of responses

Table IV-22a. What mothers dislike about children: distribution of responses, longevity.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Cleanliness	61 (17)	14 (21)	25 (17)	22 (16)	37 (17)	8 (22)	18 (19)	11 (13)	24 (17)	6 (20)	7 (13)	11 (20)
Child care	39 (11)	4 (6)	15 (10)	20 (14)	26 (12)	1 (3)	13 (14)	12 (15)	13 (9)	3 (10)	2 (4)	8 (15)
Attention-giving	26 (7)	3 (4)	15 (10)	8 (6)	12 (6)	2 (5)	5 (5)	5 (6)	14 (10)	1 (3)	10 (19)	3 (5)
Discipline problems	145 (41)	27 (40)	58 (39)	60 (43)	94 (44)	17 (46)	35 (37)	42 (50)	51 (36)	10 (33)	23 (43)	18 (32)
Undifferentiated negative	17 (5)	6 (9)	6 (4)	5 (4)	11 (5)	4 (11)	3 (3)	4 (4)	6 (4)	2 (6)	3 (6)	1 (2)
Nothing	66 (19)	13 (19)	29 (20)	24 (17)	34 (16)	5 (14)	20 (21)	9 (11)	32 (23)	8 (27)	9 (17)	15 (27)
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table IV-22b. What mothers dislike about children: distribution of responses, involvement.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Cleanliness	47 (16)	33 (19)	14 (12)	29 (16)	21 (20)	8 (11)	18 (16)	12 (18)	6 (14)
Child care	35 (12)	21 (12)	14 (12)	25 (14)	14 (14)	11 (15)	10 (9)	7 (12)	3 (7)
Attention giving	23 (8)	16 (9)	7 (6)	10 (6)	6 (6)	4 (6)	13 (12)	10 (15)	3 (7)
Discipline problems	118 (41)	69 (40)	49 (43)	77 (44)	44 (41)	33 (47)	41 (37)	25 (38)	16 (36)
Undifferentiated negative	11 (4)	4 (2)	7 (6)	7 (4)	2 (2)	5 (7)	4 (4)	2 (3)	2 (4)
Nothing	53 (18)	30 (17)	23 (20)	29 (16)	20 (19)	9 (13)	24 (22)	10 (15)	14 (32)
Base: number of respondents	287	173	114	177	107	70	110	66	44

As can be seen from Table IV-22a, the single greatest problem reported by both urban and rural parents is discipline. Discipline is the single most important concern regardless of how long a parent has been in PCC and regardless of involvement level.

The only other substantial problem seems to be cleanliness and keeping up with the mess that children make.

The following responses are typical of these concerns:

"I don't like to scold and whip her, but I have to once in a while."

"When they fight me and don't do what I tell them to."

"Having to say 'no,' spanking, yelling.

"Yelling at them, they get on my nerves and make me tense when they talk back and don't mind."

"Cursing; being disobedient - just plain hard-headed, telling lies, misbehaving."

"When they fight with each other."

"A baby who gets dirty all the time."

. . .

2.5 Summary on basic issues and feelings

- There is a tendency for involved parents to be more likely to give their children a realistic explanation of how babies are born.

- The majority of urban parents toilet train their children at a younger age (before 14 months), than do rural parents (15-26 months).

- A majority of rural parents mention companionship as the single most enjoyable aspect of having children. This mention of companionship increases among the long-term and high involved rural parents.

- Discipline of children is perceived as the single greatest problem by parents. This is so regardless of status at PCC.

3.0 Parenting attitudes, behavior, and feelings

Eleven of the items in the Likert scale are designed to measure parental attitudes, behavior, and feelings. Five items require an "agree-disagree" response. Six items ask mothers to identify whether they feel or act in a particular way "most of the time," "a good deal of the time," "about half the time," "occasionally," or "seldom." Mean and standard deviations on these data are presented below. Significant t-tests are reported in these tables; all other t-tests are to be found in the accompanying volume of data analyses. All t-tests are based on two-tailed analyses.

Agreement with five of the items has a negative connotation, e.g., "most babies of a particular age are pretty much alike." In order that all items may be compared, Means have been stated as being the same distance from the scale's midpoint (3.00) but on the other side of that midpoint (i.e., 2.51 would become 3.49).

3.1 Feelings of adequacy as a parent

Table IV-23a. Means and standard deviations on items related to feelings of adequacy as a parent - longevity.

		URBAN			RURAL		
		LENGTH OF MEMBERSHIP			LENGTH OF MEMBERSHIP		
ITEM		(1) New	(2) 6-20 Mos.	(3) 20+ Mos.	(1) New	(2) 6-20 Mos.	(3) 20+ Mos.
1 - "I feel I'm a good mother"	M.	4.42	4.62	4.32	4.13	4.19	4.29
	S.D.	.83	.65	.95	.99	.88	.86
2 - "I worry about whether I'm doing right for my children."	M.	3.54	3.90	3.55	3.60	3.83	3.80
	S.D.	1.39	1.28	1.48	1.31	1.34	1.22
3 - "The children are just too much for me to handle."	M.	4.16	4.17	3.96	4.77	4.30	4.11
	S.D.	1.20	1.16	1.18	.42	.71	.92

Item 1: Among urban parents, $t_{3-2} = -2.45$; $p = <.05$.

Item 3: Among rural parents, $t_{3-1} = -3.28$; $p = <.01$.

Also among rural parents, $t_{2-1} = -3.68$; $p = <.01$.

Table IV-23b. Means and standard deviations on items related to feelings of adequacy as a parent - involvement.

		URBAN		RURAL	
		INVOLVEMENT		INVOLVEMENT	
ITEM		Low	High	Low	High
1 - "I feel I'm a good mother"	M.	2.45	1.99	4.20	4.30
	S.D.	1.58	1.28	.94	.76
2 - "I worry about whether I'm doing right for my children."	M.	3.78	3.69	3.97	3.59
	S.D.	1.40	1.37	1.26	1.29
3 - "The children are just too much for me to handle."	M.	4.06	4.10	4.15	4.27
	S.D.	1.20	1.14	.88	.75

Item 1: Among urban parents, $t = -2.03$; $p = <.05$.

3.1.1 "I feel I am a good mother."

The vast majority of both urban (89%) and rural (80%) mothers feel that they are good at their parenting job either all of the time or a good deal of the time. Significantly more of the urban short-term mothers than urban long-term mothers feel that they are good mothers most of the time.

Highly involved urban members feel that they are good mothers less of the time than do less involved mothers. This difference between high and low involvement members is statistically significant. Perhaps the long-term involved members are somewhat less sure of themselves because they have been made aware of the tremendous responsibility and complexity of good mothering. In other words, it is possible that their standards are higher and so they are less often satisfied with themselves.

3.1.2 "I worry about whether I'm doing right for my children."

Inspection of these data reveals no significant differences and no consistent pattern. The majority of both urban and rural parents (62%) express their feelings of concern and state that they worry about whether they are doing right, well over half the time. There is a substantial group (25%) which claims not to worry, or to worry rarely, but there seems to be no relationship between degree of anxiety and either longevity or involvement.

3.1.3 "The children are just too much for me to handle."

Among rural parents, none (0%) of the new mothers report feeling overwhelmed by their children, in contrast to 22% of the ongoing parents, who report such feelings. A highly significant difference, this finding seems to support the idea stated above that PCC participation increases awareness of the nuances of parenting and allows parents to be more open in their feelings.

Although the differences are not significant, the same trend is apparent among urban mothers. New mothers are less likely to feel overwhelmed by their children than are long-term members.

3.2 Parenting behavior

Parents are asked to identify their actual behavior on these items.

Table IV-24a. Means and standard deviations on items related to parenting behavior - longevity.

		URBAN			RURAL		
		LENGTH OF MEMBERSHIP			LENGTH OF MEMBERSHIP		
ITEM		(1) New	(2) 6-20 Mos.	(3) 20+ Mos.	(1) New	(2) 6-20 Mos.	(3) 20+ Mos.
1 - "I hold my baby when giving him his milk."	M.	3.11	3.64	3.52	4.07	3.98	4.34
	S.D.	1.59	1.52	1.64	.93	1.28	.95
2 - "I keep my baby in his crib; that way he won't get into trouble."	M.	3.79	3.70	3.77	4.17	4.54	4.38
	S.D.	1.39	1.53	1.44	1.29	.90	1.01
3 - "I talk to my baby while he is eating."	M.	3.70	3.92	3.91	4.00	4.21	4.32
	S.D.	1.29	1.31	1.33	1.24	1.03	.95

Table IV-24b. Means and standard deviations on items related to parenting behavior - involvement.

		URBAN		RURAL	
		INVOLVEMENT		INVOLVEMENT	
ITEM		Low	High	Low	High
1 - "I hold my baby when giving him milk."	M.	3.56	3.61	4.05	4.34
	S.D.	1.55	1.61	1.24	.95
2 - "I keep my baby in his crib; that way he won't get into trouble."	M.	3.55	4.01	4.39	4.55
	S.D.	1.58	1.28	1.00	.89
3 - "I talk to my baby while he is eating."	M.	3.91	3.93	4.23	4.32
	S.D.	1.33	1.30	1.03	.92

Item 2: Among urban parents, $t = 2.03$; $p = < .05$.

3.2.1 "I hold my baby when giving him milk."

None of the differences between subgroups is significant on this item; however, certain trends do emerge. Ongoing urban participants are more likely to hold their baby for at least half his feedings than are new members. In fact, 59% of ongoing mothers state that they hold their babies most or a good deal of the time, whereas only 40% report this among new mothers.

Among rural parents, the same trend is evident. Long-term mothers are more likely to hold their babies during feedings than are new mothers.

3.2.2 "I keep my baby in his crib; that way, he won't get into trouble."

From the earliest time of PCC, observers reported the tendency of mothers to keep babies in their cribs a great deal of the time. Anecdotal reports from PCC's often tell of mothers who have become convinced of the importance, in developmental terms, of allowing periods of free movement. Hence, this item is intended to provide some hard data substantiation for this often reported PCC impact.

Longevity data shown no consistent pattern among either rural or urban parents. However, there is a significant difference between the low involved and the high involved urban parents. Among the less involved, 21% report that they keep their baby in his crib for most of the time, while only 7% of the high involved report this practice. Similarly, the trend among rural high involved parents is in the predicted direction. Slightly more of the high involvement rural parents report that they seldom or never keep babies in their cribs than is the case among low involved parents.

3.2.3 "I talk to my baby while he is eating."

The prediction is that long-term mothers, and more highly involved mothers, would be more likely to have absorbed two basic ideas of child development: it is important to vocalize and verbalize even with very young babies and eating is a very important activity, which makes companionship desirable.

None of the differences are statistically significant. Among both rural and urban parents, there is a tendency for long-term members to provide mealtime verbal companionship more frequently than do new mothers. There are absolutely no differences along the dimension between highly involved and the less involved among either urban or rural parents.

In general, rural parents are more likely to talk to their babies during mealtime than are urban parents. Eighty percent of rural parents and 64% of urban parents report that they engage in this activity at least a good deal of the time or more frequently. Nine percent of rural mothers, but 21% of urban respondents, report that they provide verbal mealtime companionship only occasionally or seldom.

3.3 Attitudes and knowledge of child development

The remaining five Likert items ask mothers to express whether they "strongly agree," "agree," "neither agree nor disagree," "disagree," or "strongly disagree" with a particular statement.

Table IV-25a. Means and standard deviations on items related to attitudes and knowledge of child development - longevity.

		URBAN			RURAL		
		LENGTH OF MEMBERSHIP			LENGTH OF MEMBERSHIP		
ITEM		(1) New	(2) 6-20 Mos.	(3) 20+ Mos.	(1) New	(2) 6-20 Mos.	(3) 20+ Mos.
1 - "As long as you take basic care of your baby, i.e., feed and clean him, he should turn out just fine."	M.	3.05	3.20	3.28	3.67	3.54	3.38
	S.D.	1.39	1.34	1.37	1.08	1.10	1.10
2 - "Most babies of a particular age are pretty much alike."	M.	3.35	3.15	3.41	3.63	3.74	3.64
	S.D.	1.14	1.17	1.20	1.05	.95	.97
3 - "Babies can't learn much before the age of one."	M.	3.97	3.94	3.86	4.10	4.20	4.18
	S.D.	1.13	.94	1.14	.91	.76	.76
4 - "Babies of about a year and a half aren't interested in books. They just tear them."	M.	3.32	3.46	3.31	3.53	3.63	3.68
	S.D.	1.25	1.12	1.13	.92	.99	.93
5 - "Being a good mother is a really important job."	M.	4.81	4.48	4.76	4.57	4.55	4.41
	S.D.	.39	.81	.46	.80	.50	.68

Item 5: Among urban parents, t2-1 = -2.37; p = <.05.

Among urban parents, t3-2 = 2.78; p = <.01.

Table IV-25b. Means and standard deviations on items related to attitudes and knowledge of child development - involvement.

ITEM		URBAN INVOLVEMENT		RURAL INVOLVEMENT	
		Low	High	Low	High
1 - "As long as you take basic care of your baby, i.e., feed and clean him, he should turn out just fine."	M.	3.01	3.59	3.26	3.75
	S.D.	1.36	1.26	1.16	.93
2 - "Most babies of a particular age are pretty much alike."	M.	3.20	3.39	3.58	3.86
	S.D.	1.22	1.14	.95	.94
3 - "Babies can't learn much before the age of one."	M.	3.73	4.16	4.02	4.46
	S.D.	1.01	.94	.83	.54
4 - "Babies of about a year and a half aren't interested in books. They just tear them."	M.	3.32	3.50	3.52	3.86
	S.D.	1.13	1.11	.99	.87
5 - "Being a good mother is a really important job."	M.	4.64	4.57	4.49	4.46
	S.D.	.55	.84	.50	.72

Item 1: Among rural parents, t = 2.33; $p = < .05$.

Among urban parents, t = 2.82; $p = < .01$.

Item 3: Among urban parents, t = 2.71; $p = < .01$.

Among rural parents, t = 3.08; $p = < .01$.

3.3.1 "As long as you take basic care of your baby, for example feed and clean him, he should turn out just fine."

This item is intended to measure whether PCC parents subscribe to the concept that good parenting means a great deal more than adequate physical care.

Differences between low involved and high involved parents are statistically significant for both urban and rural members. The highly involved parents tend to disagree with the statement more than the less involved. Among rural parents, 77% of the highly involved disagree and 62% of the less involved disagree. Similarly, among urban mothers, 63% of the highly involved and 49% of the less involved disagree.

Longevity data show no consistent differences.

It is somewhat surprising to find that, among long-term rural members, as many as 28% agree with the statement and, among their urban counterparts, 33% agree.

3.3.2 "Most babies of a particular age are pretty much alike."

This item is intended to tap another fundamental aspect of PCC philosophy. All PCC's state that, in teaching child development to mothers, they stress the individuality of the growth pattern of each particular baby. Thus, PCC mothers should disagree with this item strongly.

None of the differences are statistically significant, but certain trends are apparent. Highly involved respondents, both urban and rural, tend to disagree with the statement more than do the less involved.

It is somewhat surprising to find that nearly one out of three long-term urban mothers agrees with this statement. Among rural mothers, only one out of five agrees.

3.3.3 "Babies can't learn much before the age of one."

Since PCC stresses the need for stimulation of infants and demonstrates to mothers how much the babies can do, this item was intended to test the impact of yet another basic PCC tenet. Thus, it was predicted that ongoing PCC mothers would take strong exception to this statement.

Differences between highly involved and less involved parents among both urban and rural respondents are highly significant. Not a single highly involved rural parent is in agreement with this statement, and only 11% of highly involved urban parents are in agreement.

In the rural sample, nearly everyone disagrees with the item, regardless of their longevity status. Even new members disagree. Among urban parents, there is some agreement with the statement, by long-term parents as well as by new parents.

3.3.4 "Babies of about a year and a half aren't interested in books. They just tear them."

This item, like the previous items, was intended to measure parental understanding of the young child's need for, and ability to respond to, stimulation. Thus, it was predicted that ongoing PCC members would answer this item in the negative.

No differences are statistically significant. However, the same trends which have been apparent throughout this set of "knowledge" items are evident. Fewer of the highly involved parents, either urban or rural, agree with the statement.

It is, however, surprising to see that 30% of urban involved parents believe that this statement is true. In fact, a substantial proportion (39%) of long-term urban mothers agree with this statement.

There are absolutely no differences between new and old parents on this dimension.

3.3.5 "Being a good mother is a really important job."

A fundamental effort of PCC is directed toward helping mothers to understand their singular importance. During Phase I field interviews, CCR interviewers repeatedly heard mothers explain that PCC had helped them to experience their own centrality and significance, specifically as mothers. Thus, it was predicted that the highly involved long-term mothers would evince strong support for this statement.

Differences in most cases are negligible because virtually everyone agrees with the statement. More new urban members agree strongly with the statement than is the case among short-term members. In fact, the short-term mothers are significantly different from new members, as well as from long-term members, in that proportionally fewer of them tend to agree, rather than to agree strongly.

It is quite clear that this item does not discriminate among subgroups and that, while PCC may have a job to do in convincing mothers to act on the belief in this statement, everyone who joins PCC pays at least lip service to this view.

3.4 Summary of parenting attitudes, behavior, and feelings

3.4.1 Feelings of adequacy as a parent

- Both urban and rural long-term parents are more likely to question their adequacy and to feel overwhelmed at times by their children than are short-term or new parents. It was suggested that the long-term parents have become more aware of the complexity and responsibility of parenting, and thus are experiencing more anxiety about their adequacy.

3.4.2 Parenting behavior

- Involved urban parents leave their babies in their cribs less.

- PCC members tend to be more likely to hold their babies and to talk to them during feedings than new families.

3.4.3 Attitudes and knowledge of child development

- Highly involved parents are more likely to feel that babies need more than just physical care and to stress the babies' individualities more than low involved parents.

- Highly involved parents are more aware of the infants' ability to learn and of the toddlers' ability to enjoy and benefit from books.

- Long-term parents tend to be somewhat more sensitive to the individuality of babies.
- Significant differences occur less often as a function of longevity than of involvement. It seems that the important dimension is not how long the parent remains a member, but rather how involved she is.

CHAPTER V

Self-Concept

1.0 Description of items

Fifteen Likert-type items, which require a response along a five-point Likert scale, were used as the basis for data collection.

Three items were developed to measure Ss' general outlook on life: is the world basically friendly, does it hold positive potential? Item contents were based on scales of anomie or alienation:

- "You can trust most people."
- "The future looks bright for today's children."
- "My children are going to have a lot more than I do."

Each of the above was measured on a scale of relative agreement or disagreement.

The next group of three items was intended to measure feelings of social isolation or affiliation:

- "I feel all alone in the world."
- "I need to be with people."
- "I tend to feel shy with people."

Each of these three was responded to on a scale of frequency ranging from "most of the time or always" to "seldom or never."

The next six were intended to measure perceived power or competence:

- "What happens to me is my own doing."

- "When I make plans, I am pretty sure they will work."
- "I don't like to make decisions."
- "There's not much I can do to change the way things are."
- "Doing anything about a happier future is just a waste of time."
- "There's no use in planning for tomorrow. All we can do is live for the present."

Each of the above was accompanied by a scale of relative agreement/disagreement.

The final three items were intended as measures of behavior. These deal with Ss' self-reports of their concern or involvement in public affairs:

- "I vote in local and national elections."
- "I get involved in community affairs."
- "I talk to others about the needs of this community."

These require responses on a scale of frequency: "almost always" to "almost never."

Responses were scored so that the greater the frequency, or the greater the degree of agreement, the higher the score. Thus, "most of the time or always" on the frequency scale and "strongly agree" on the agreement/disagreement scale would be scored as 5, and so on down to 1 at the other end.

It was assumed that agreement or high frequency reported for positively stated items would be indications of positive self-concept or community participation. However, seven of the items are stated negatively, in which cases disagreement or infrequency would be associated with positive report. That causes a problem in comparing mean scores on items. To make all means readily comparable, scoring was reversed for those seven items, so that, uniformly, the greater the mean, the more positive the attitude or perception.

2.0 Urban-rural differences

A simple analysis of variance showed that differences between urban and rural respondents, in terms of individual items, are statistically significant for six of the items. For purposes of presenting differences between urban and rural respondents on each item, the mean, standard deviation, and significance level are presented in Table V-1 below.

. . .

Table V-1. Mean, S.D., and P for 15 self-concept items: rural (N=140) and urban (N=212)

	RURAL		URBAN			
ITEM	Mn.	S.D.	Mn.	S.D.	t	P
1. "You can trust most people."	3.130	.939	2.533	1.005	-5.466	.01
2. "The future looks bright for today's children."	3.443	.897	3.660	1.041	2.0203	.05
3. "My children are going to have a lot more than I do."	3.843	.768	4.340	.732	6.0942	.01
4. "I feel I'm all alone in the world."	1.721	1.029	1.934	1.238	1.6784	N.S
5. "I need to be with people."	3.236	1.211	3.157	1.291	-.5702	--
6. "I tend to feel shy with people."	2.543	1.406	2.264	1.396	-1.8228	--
7. "What happens to me is my own doing."	3.800	1.141	3.524	1.238	-2.1083	.05
8. "When I make plans, I am pretty sure they will work."	3.186	1.193	3.439	1.190	1.9447	--
9. "I don't like to make decisions."	2.500	1.204	2.651	1.353	1.0665	--
10. "There's not much I can do to change the way things are."	2.529	1.045	2.801	1.250	2.1251	.05
11. "Doing anything about a happier future is just a waste of time	1.964	.760	2.000	1.037	.3491	--
12. "There's no use in planning for tomorrow. All we can do is live for the present."	2.479	1.065	2.590	1.235	.8687	--
13. "I vote in local and national elections."	2.457	1.725	2.780	1.741	1.6841	--
14. "I get involved in community affairs."	2.271	1.297	2.538	1.477	1.7311	--
15. "I talk to others about the needs of this community."	2.586	1.276	3.038	1.514	2.9067	.01

In terms of the significances presented above, the following can be said about urban as compared with rural respondents:

- Rural Ss are more trusting.
- Urban Ss are more determined that the future will be positive.
- Urban Ss are less sure that what befalls them is their own doing.
- Urban Ss are less confident that they can bring about change for the better.
- Urban Ss are more likely to become involved in discussing community needs with others.

Particularly since statistical analyses showed such marked differences, separate factor analyses for urban and rural Ss were computed on these data.

3.0 Factor analysis

As was expected on the basis of differences between rural and urban responses at the item level, the factor analysis for each sub-sample revealed a different underlying factorial structure. Factor loadings and communalities for all items are presented in the accompanying volume. Factor scores (for each of the factors) were computed for each S, weighting each individual item score by the loading associated with that item.

3.1 Urban factor structure

Factor I: passive-pessimism	Factor Loadings
"Doing anything about a happier future is a waste of time."	.774
"There's no use in planning for tomorrow."	.626
"There's not much I can do to change the way things are."	.621
"I don't like to make decisions."	.362
"My children are going to have more than I do."	-.379

Factor I seems to represent a dimension of passive-pessimism. Respondents who score high on Factor I are likely to feel immobilized, unable to seek positive change.

Factor II: community involvement	Factor Loadings
"I talk to others about the needs of this community."	.789
"I get involved in community affairs."	.727
"I vote in local and national elections."	.534
"When I make plans, I am pretty sure they will work."	.389

Respondents who score high on Factor II are likely to be activists with a sense of purpose.

Factor III: isolation	Loadings
"You can trust most people."	.504
"I feel I'm all alone in the world."	-.724
"I tend to feel shy with people."	-.716
"I don't like to make decisions."	-.320

*S*s who have a high negative score on Factor III are likely to seek out others and to lack a sense of confidence in themselves. It is perhaps a lack of such self-confidence which makes them feel that they don't like to make decisions. These are people who feel unsure of themselves, or are generally insecure.

Factor IV: assertiveness and competence	Loadings
"What happens to me is my own doing."	.552
"The future looks bright for today's children."	.541
"I need to be with people."	.480
"When I make plans, I am pretty sure they will work."	.417
"I don't like to make decisions."	-.316

*S*s who score high on Factor IV are likely to feel that they have a say in what happens to them and that what they do makes a difference.

3.2 Differences as a function of longevity among urban respondents

Table V-2. Mean scores for each factor and t tests between urban new and long-term members

	NEW (N=37)		20 & OVER (N=83)			
	Mn.	S.D.	Mn.	S.D.	t	P
Factor I	6.261	0.808	6.420	1.219	0.722	N.S.
Factor II	6.625	1.641	6.782	1.253	0.569	N.S.
Factor III	-3.345	1.840	-3.941	1.760	1.678	.05
Factor IV	4.002	1.503	4.521	1.447	1.781	.05

As can be seen from Table V-2, there are significant differences between new and long-term members on two factors.

The long-term members are less likely to feel shy, mistrustful, and isolated than are the new members. The long-term mothers are less likely to feel insecure and unsure of their ability to make decisions. They are more likely to feel that they can trust others, that they can make decisions, and that they are not all alone. They are probably more able to turn to others for support and to derive more pleasure from their relationships with others.

Long-term members also score significantly higher on Factor IV. The long-term members are more likely to feel that they have a say in what happens to them. They feel that things will work out according to the plans and designs which they formulate. Confident in their abilities, they are more comfortable with others and able to recognize their need for others. They are willing to make decisions because they have confidence in their abilities.

Table V-3. Mean scores for each factor and t tests between urban new and short-term members

	NEW (N=37)		6-20 MOS. (N=94)			
	Mn.	S.D.	Mn.	S.D.	t	P
Factor I	6.261	0.808	6.614	1.526	1.325	N.S.
Factor II	6.625	1.641	7.233	1.683	1.862	.05
Factor III	-3.345	1.840	3.751	1.836	1.133	N.S.
Factor IV	4.002	1.503	4.252	1.473	0.864	N.S.

Differences between new and short-term members are significant on Factor II. In fact, the short-term members are also significantly different on this factor from long-term members. Short-term members are more likely to vote and to be active in community affairs than are either new or long-term members.

Based on these findings, it can be said that there are some distinct differences between new and ongoing urban parents. Some of the differences are apparent only in short-term members, and it is not at all clear why the sense of community should diminish with time, unless it happens that a new wave of enthusiasm and self-determination accompanies early program experience, only to diminish as the program becomes an accepted routine.

In any event, long-term parents are more confident of their abilities, more comfortable in their interpersonal relationships, and more sure of their ability to maintain an influence over their lives.

3.3 Differences as a function of involvement among urban respondents

Table V-4. Mean score for each factor and t tests between urban low and high-involved members

	HIGH (N=70)		LOW (N=107)			
	Mn.	S.D.	Mn.	S.D.	t	P
Factor I	6.354	1.360	6.634	1.405	1.310	N.S.
Factor II	6.991	1.535	7.041	1.498	0.215	N.S.
Factor III	-3.864	1.816	-3.825	1.794	0.142	N.S.
Factor IV	4.755	1.372	4.131	1.475	2.820	.01

Highly involved parents are likely to feel more competent and more assertive. They are more likely to feel that what they do makes a real difference and that they have a certain control over their own destiny.

3.4 Rural factor structure

As noted earlier, a separate factor analysis was prepared for rural Ss. The results of this analysis provided the following factorial structure

Factor I: loss of support - pessimism	Loadings
"Doing anything about a happier future is a waste of time."	.770
"There's no use in planning for tomorrow."	.687
"There's not much I can do to change the way things are."	.654
"I feel I'm all alone in the world."	.400

The first three items are the same as the urban Factor I, but the last is peculiar to this rural restructuring of the factor. The last item adds the dimension of desolation and feelings of isolation.

Factor II: community involvement	Loadings
"I get involved in community affairs."	.835
"I talk to others about the needs of this community."	.830
"When I make plans, I am pretty sure they will work."	.552
"I vote in local and national elections."	.378
"You can trust most people."	.329

This factor is exactly like the urban Factor II, except for the last item. Apparently, trust in people in this population is part and parcel of the feeling of community.

Factor III: dependency	Loadings
° "I need to be with people."	.672
° "I don't like to make decisions."	.610
° "You can trust most people."	.555
° "I feel I'm all alone in the world."	.522

It is interesting to note that, whereas within the urban factor structure, trust in others was negatively related to items 2 and 4 above, in this factor structure, trust in others is positively related to these concepts. In other words, in the urban context, those who trust others feel less alone and more able to make decisions. They have confidence in themselves and are able to trust others. In the rural context, trust in others is interpreted as need for others. The picture is of a dependent person who puts his trust and his decision-making power in the hands of others because he feels so bereft of his own resources. The key item in this factor among the rural groups is the one which loads most heavily on the rural factor and is not even part of the urban one: "I need to be with people." It is as if the rural group is saying, "I trust others because I need their help in my insecurity," and the urban group is saying, "I am able to trust because I have confidence in myself."

Factor IV: reliance on legislative change	Loadings
° "The future looks bright for today's children."	-.749
° "My children are going to have a lot more than I do."	-.674
° "I tend to feel shy with people."	-.494
° "I vote in local and national elections."	.450

The higher an S scores on this factor, the more importance he would attach to legislative progress -- and the less he would reflect the contextually self-determinative belief that his progeny will prosper. Turned around, the S who believes strictly in legislative change would not be particularly hopeful as to the future, as reflected in his children's status.

3.5 Differences as a function of longevity among rural respondents

Table V-5. Mean scores for each factor and t tests between rural new and long-term members

	NEW (N=30)		20 & OVER (N=56)			
	Mn.	S.D.	Mn.	S.D.	t	P
Factor I	7.125	1.325	7.795	1.121	2.453	.01
Factor II	7.594	1.743	8.303	1.384	2.042	.01
Factor III	6.750	1.900	7.425	1.488	1.799	.05
Factor IV	-3.640	1.519	-4.220	1.626	1.597	N.S.

Differences between new and long-term members are significant on three of the four factors, and differences on the fourth factor are almost significant.

Significant differences are in the opposite direction predicted for Factor I. Long-term members are more pessimistic and less confident about the future than new members. It is difficult to identify the cause for this reversal. The long-term members are older and, hence, possibly more cynical. Also, it is possible that participation in PCC has made long-term parents less pollyanish and more attuned to the difficult realities of their life situation.

Despite the greater pessimism of the long-term members, they are nevertheless significantly more active in community affairs than new members. The significant difference along Factor II favors the long-term participants and suggests that they are more community-aware and active.

Differences in Factor III suggest greater dependency needs on the part of the long-term members. This finding supports the interpretation of data made with respect to Factor I. PCC membership has increased the feelings of vulnerability and of the tenuousness of their situation. They are more able to acknowledge their need for others and in general are less likely to rely on denial as a major defense mechanism.

Table V-6. Mean scores for each factor and t tests between new and short-term members

	NEW (N=30)		SHORT (N=54)			
	Mn.	S.D.	Mn.	S.D.	t	P
Factor I	7.125	1.325	7.566	1.379	1.408	N.S.
Factor II	7.594	1.743	7.745	1.346	0.439	N.S.
Factor III	6.750	1.900	7.193	1.579	1.132	N.S.
Factor IV	-3.640	1.520	-3.508	1.197	0.436	N.S.

None of the differences are statistically significant, yet every difference is in the same direction as the significant differences between new and long-term members. In other words, short-term members are somewhat more pessimistic, less pollyanish, and more ready to acknowledge their vulnerability than new members. But the differences are not of a great magnitude. However, long-term members continue to move in the same direction, so that the differences between them and the new members are significant. Long-term members are significantly more active in their communities than new members, but they are significantly more dependent on others and pessimistic about what the future can bring. It is possible that PCC makes them more aware of their problems, and although they work toward solutions, they feel it is an uphill battle.

3.6 Differences as a function of involvement among rural respondents

Table V-7. Mean scores for each factor and t tests between rural low and high-involved members

	HIGH (N=44)		LOW (N=66)			
	Mn.	S.D.	Mn.	S.D.	t	P
Factor I	7.780	1.111	7.617	1.345	0.661	N.S.
Factor II	7.917	1.352	8.104	1.416	0.687	N.S.
Factor III	7.605	1.505	7.115	1.528	1.645	.05
Factor IV	-3.823	1.356	-3.902	1.549	0.275	N.S.

The only significant difference between low and high involvement mothers is in terms of Factor III. Highly involved mothers seem to be more dependent. They like to be with others because, basically, they are apt to feel unsupported and alone. They put their trust in others and seek out others to guide them and help them arrive at decisions.

For rural respondents, it certainly seems that longevity is the critical variable, in terms of impact. . . .

4.0 Summary of self-concept findings:

Urban

- Long-term members feel less shy and more trustful of others than new members.
- Long-term members are more assertive and feel more competent than new members.

- Short-term members are more likely to become involved in community activities than either new or long-term parents.
- High involved parents are more likely to feel assertive and competent than low involved parents.

Rural

- Long-term parents are more pessimistic and less confident about the future than new parents.
- Long-term parents are more dependent on others, more aware of their need for support and companionship, than new parents.
- Long-term parents are more active in their communities than new parents.
- High involved mothers are more dependent and perceive themselves as more in need of support of others than low involved mothers.

CHAPTER VI

Knowledge and Utilization of Community Resources

1.0 Overview

Making parents aware of community resources and promoting their use is a major PCC objective. Linkages with other agencies, referral activity, follow-through, and making parents into knowledgeable service consumers are the major responsibilities of the social service component at any PCC. In rural areas where there aren't as many resources, social service activities are typically handled by other staff members. This is the case with two of the three rural programs in the sample. In urban areas, there is more likely to be a Social Service Coordinator who takes full responsibility for these activities. All of the four urban PCC's in the sample have a Social Services Coordinator.

Awareness of community resources and effective utilization are important aspects of parenting. The mother who knows of and uses community resources is providing for the family's needs.

2.0 Membership in community groups

It was predicted that one outcome of PCC membership would be parents' increased involvement in other community organizations. Having had the experience of attending group meetings, of seeing ideas and suggestions accepted, or at the very least listened to, and of having been encouraged to make themselves heard in other community boards and institutions, it might be expected that parents would actually take this experience outside of PCC. This should be especially true of long-time and highly involved parents.

Table VI-1a. Membership in community groups - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Head Start Policy Council	24 (7)	3 (4)	6 (4)	15 (11)	12 (6)	1 (3)	5 (5)	6 (7)	12 (8)	2 (7)	1 (2)	9 (16)
Parent-Teachers Assoc.	40 (11)	5 (7)	13 (9)	22 (16)	30 (14)	1 (3)	10 (11)	19 (23)	10 (7)	4 (13)	3 (6)	3 (5)
Scouts or other youth group	22 (6)	3 (4)	9 (6)	10 (7)	12 (6)	1 (3)	6 (6)	5 (6)	10 (7)	2 (7)	3 (6)	5 (9)
Church-related club	80 (22)	11 (16)	38 (26)	31 (22)	51 (24)	6 (16)	26 (28)	19 (23)	29 (21)	5 (17)	12 (22)	12 (21)
Hospital volunteer	2 (1)	- -	1 (1)	1 (1)	2 (1)	- -	1 (1)	1 (1)	- -	- -	- -	- -
Political organization	8 (2)	1 (1)	5 (3)	2 (1)	7 (3)	1 (3)	4 (4)	2 (2)	1 (1)	- -	1 (2)	- -
Other	59 (17)	9 (13)	26 (18)	24 (17)	42 (20)	5 (14)	19 (20)	18 (22)	17 (12)	4 (13)	7 (13)	6 (11)
Belong to no club or organization	206 (58)	43 (64)	82 (55)	81 (58)	119 (56)	25 (68)	48 (51)	46 (55)	87 (62)	18 (60)	34 (63)	35 (62)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Note: Some respondents gave more than one answer

Table VI-1b. Membership in community groups - involvement variable

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Head Start Policy Council	21 (7)	13 (8)	8 (7)	11 (6)	6 (6)	5 (7)	10 (9)	7 (11)	3 (7)
Parent-Teachers Association	35 (12)	21 (12)	14 (12)	29 (16)	16 (15)	13 (18)	6 (5)	5 (8)	1 (2)
Scouts or other youth group	19 (7)	8 (5)	11 (10)	11 (6)	5 (5)	6 (8)	8 (7)	3 (4)	5 (11)
Church-related club	69 (24)	41 (24)	28 (24)	45 (25)	31 (29)	14 (20)	24 (22)	10 (15)	14 (32)
Hospital volunteer	2 (1)	- -	2 (2)	2 (1)	- -	2 (3)	- -	- -	- -
Political organ.	7 (2)	4 (2)	3 (3)	6 (3)	3 (3)	3 (4)	1 (1)	1 (2)	- -
Other	50 (17)	27 (16)	23 (20)	37 (21)	19 (18)	18 (26)	13 (12)	8 (12)	5 (11)
Belong to no club or organization	163 (57)	100 (58)	63 (55)	94 (53)	56 (52)	38 (54)	69 (63)	44 (67)	25 (57)
Base:	287	173	114	177	107	70	110	66	44

In viewing the tables above, it should be noted that some respondents gave more than one answer, that is, they belonged to more than one organization.

The majority of all members, regardless of length of membership or of involvement level, do not belong to any groups or organizations.

Excluding "other," which will be discussed last, church-related clubs and groups show the highest percentages for membership. It is doubtful that membership in these organizations is related to PCC as most persons probably belonged to these groups prior to their enrollment in the program. These are perhaps the "easiest" groups to join as many persons are part of the church for most of their lives.

Although Parent-Teacher Associations have the next highest percentage overall, the proportion of PCC parents reporting to be members of a P.T.A. is low. The data show that P.T.A. enrollment is twice as great for urban as for rural respondents. In the urban sample, enrollment is highest among long-time and highly involved respondents, whereas in the rural sample new parents and less involved parents show the highest proportion of membership. P.T.A. participation should be highest among long-time members as they are the group with the oldest children, and hence have the greatest opportunities for involvement in this organization.

Overall, Head Start Policy Councils have the next highest percentage of membership, but again, the percentages are very small. Long-time members have the highest percentages for participation, though the differences across the urban sample are very slight. Enrollment for rural long-time members is more than twice as high as it is for urban parents in the same category. Degree of involvement seems to make little difference. Again, it was expected that long-time members would have the highest percentages for Head Start participation as they are older and have older children than the short-term or new families.

Persons reporting to be members of "other" community groups listed a wide variety of organizations: block associations, bowling leagues, veteran's groups, school volunteers, missionary work, etc. In the urban areas where these other civic or organized recreational groups are more prevalent, a higher percentage of long-time and highly involved PCC parents report participation. In the rural areas, the differences across variables are negligible.

It is not surprising to find that urban respondents are more involved in community groups than rural subjects. Factors that may have contributed to this greater participation in urban areas might be: ease of transportation, greater visibility of community groups, and geographic proximity of families which can encourage sociability and outgoing qualities that are needed for group participation.

3.0 Educational resources

3.1 Number of respondents and/or spouses taking courses and level of these courses

Table VI-2a. Number of respondents and/or spouses taking courses and level of these courses - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY *			
RESOURCES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Taking courses	101 (28)	15 (22)	45 (30)	41 (30)	64 (30)	12 (32)	29 (31)	23 (28)	37 (26)	3 (10)	16 (30)	18 (32)
Adult education	42 (42)	4 (27)	21 (47)	17 (41)	23 (36)	3 (25)	10 (34)	10 (43)	19 (51)	1 (33)	11 (69)	7 (39)
High school courses	24 (23)	5 (33)	9 (20)	10 (24)	18 (28)	5 (42)	7 (24)	6 (26)	6 (16)	- -	2 (12)	4 (22)
College courses	35 (35)	6 (40)	15 (33)	14 (35)	23 (36)	4 (33)	12 (42)	7 (31)	12 (33)	2 (67)	3 (19)	7 (39)
Not taking courses	253 (72)	52 (78)	103 (70)	98 (70)	150 (70)	25 (68)	65 (69)	60 (72)	103 (74)	27 (90)	38 (70)	38 (68)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Note: Percentages for type of course based on number of respondents and/or spouses taking courses

* Chi-square significant at .05 level for taking courses or not taking courses

Table VI-2b. Number of respondents and/or spouses taking courses and level of these courses - involvement variable

	URBAN-RURAL TOTALS			URBAN* INVOLVED			RURAL* INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Taking courses	86 (30)	42 (24)	44 (39)	52 (30)	26 (24)	26 (37)	34 (31)	16 (24)	18 (41)
Adult education	38 (44)	19 (45)	19 (43)	20 (39)	8 (31)	12 (46)	18 (53)	11 (69)	7 (39)
High school courses	19 (22)	10 (24)	9 (21)	13 (25)	7 (27)	6 (23)	6 (17)	3 (19)	3 (17)
College courses	29 (34)	13 (31)	16 (36)	19 (36)	11 (42)	8 (31)	10 (30)	2 (12)	8 (44)
Not taking courses	201 (70)	131 (76)	70 (61)	125 (70)	81 (76)	44 (63)	76 (69)	50 (76)	26 (59)
Base:	287	173	114	177	107	70	110	66	44

Note: Percentages for type of course based on number of respondents and/or spouses taking courses

* Chi-square significant at .05 level for taking courses or not taking courses

The majority of PCC parents interviewed are not enrolled in any type of education program.

Slightly more urban respondents are enrolled in courses than is true in the rural sample. Of the persons taking courses, the majority of urban subjects are enrolled in high school or college courses (64%), while the rural sample is split fairly evenly between adult education and the more advanced courses. It is not surprising that more urban parents than rural are enrolled in high school and college courses, as urban respondents have, on the whole, more years of schooling and it would be expected that if they were to continue their education they would do so at a higher level.

More ongoing than new rural members are enrolled in courses. In the urban sample, enrollment across length of membership is fairly even with new parents slightly more involved in high school and college courses. Long-time urban parents have the highest percentage of persons in adult education.

The differences between highly and less involved respondents are significant: more highly involved respondents are taking courses. The differences between involved and less involved subjects in the rural sample is greater than that in the urban. It is interesting that in the urban population, the highly involved respondents are most likely to be enrolled in adult education courses whereas the rural involved parents are most likely to be enrolled in college courses.

3.2 Number of families that have a library card

Table VI-3a. Number of families that have one or more library cards - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Member has library card	202 (57)	32 (48)	88 (59)	82 (59)	125 (58)	19 (51)	58 (62)	48 (58)	77 (55)	13 (43)	30 (56)	34 (61)
No family member has a library card	152 (43)	35 (52)	60 (41)	57 (41)	89 (42)	18 (49)	36 (38)	35 (42)	63 (45)	17 (57)	24 (44)	22 (39)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Table VI-3b. Number of families that have one or more library cards - involvement variable

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Family member has library card	170 (59)	101 (58)	69 (60)	106 (60)	64 (60)	42 (60)	64 (58)	37 (56)	27 (61)
No family member has library card	117 (41)	72 (42)	45 (40)	71 (40)	43 (40)	28 (40)	46 (42)	29 (44)	17 (39)
Base:	287	173	114	177	107	70	110	66	44

For this item, respondents were asked to report whether or not anyone in their family had a library card. The data presented for the urban sample may be somewhat misrepresentative as it is not necessary for a resident of Detroit to have a library card in order to borrow a book.

Overall, the majority (about 57%) of the subjects report that at least one family member has a library card. In several cases, it was reported that the card was in a child's name. This may account for the higher percentage of ongoing parents with positive responses as they have more older children than do new parents.

The differences across length of membership in the rural sample, although not statistically significant, are considerable. Among long-time members, more families have a library card. The differences among rural new and long-time members are greater than those found in the urban sample.

Involvement shows no difference whatsoever among urban subjects, however, more highly involved rural respondents have library cards.

3.3 Number of families that get a daily or weekly newspaper regularly

Table VI-4a. Number of families that get a weekly or daily newspaper regularly - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY *				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Newspaper	256 (72)	50 (75)	112 (76)	94 (68)	163 (76)	30 (81)	77 (82)	56 (67)	93 (66)	20 (67)	35 (65)	38 (68)
No newspaper	98 (28)	17 (25)	36 (24)	45 (32)	51 (24)	7 (19)	17 (18)	27 (32)	47 (34)	10 (33)	19 (35)	18 (32)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

* Chi-square significant at .05 level

Table VI-4b. Number of families that get a weekly or daily newspaper regularly - involvement variable

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL * INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
Newspaper	207 (72)	123 (71)	84 (74)	133 (75)	84 (78)	49 (70)	74 (67)	39 (59)	35 (80)
No newspaper	80 (28)	50 (29)	30 (26)	44 (25)	23 (21)	21 (30)	36 (33)	27 (41)	9 (20)
Base:	287	173	114	177	107	70	110	66	44

* Chi-square significant at .05 level

Seventy-two percent (72%) of all respondents report obtaining a daily or weekly newspaper regularly. The difference between the urban and rural samples is significant, more urban respondents receive a newspaper regularly.

In the rural sample, length of PCC membership makes no difference as to whether or not a paper is received. In the urban sample, however, the differences are significant, new and short-time members show higher percentages.

Involvement level shows significant differences between the rural subjects: twenty percent more of the highly involved respondents report receiving a newspaper regularly. These differences are not true in the urban sample where 9 percentage points separate the subjects in each involvement category, and the less involved parents report the higher percentage.

4.0 Knowledge and use of available community resources

This section of the questionnaire is designed to measure the knowledge and use of eighteen different community resources, most of which are available in most locations. The process of obtaining responses was such that the interviewers asked subjects if a specific resource was available in their community. If a positive reply was received, the interviewer then asked if the respondent had ever used the resource. The data presented for resources available and used should not then be interpreted to mean that respondents are necessarily using this resource at the present time. Although this may be true in some cases, it is also possible that respondents are referring to single (or multiple) incidences in the past.

The measure of awareness of resources is obtained by combining those Ss who say the resource is available and has not been used, with those Ss who say it is available and they have used it. The measure of non-awareness of a resource is obtained by combining those Ss who say they "don't know" if a resource exists and those who state that it is "not available" in communities with known availability. Use of resources is considered separately from knowledge. In measuring use of resource, only those Ss who were aware of the resource's availability were included in the data analyses. Respondents reporting that the resource was available and that they used it were compared with those who reported availability and non-use. Chi-square analyses were performed for those resources for which cell size was sufficient. In cases where cell sizes were sufficient, eight chi-square analyses were completed for each resource. The urban and rural samples were separated and chi-squares were done for each using longevity as a variable against knowledge of resource and then use of resource. The process was then repeated using involvement level as the variable. In examining all of these analyses, it became evident that longevity is the important variable in determining behavior in this area. Involvement level, which affects parenting behavior and self-concept, does not seem to affect knowledge and use of resources. Therefore, involvement data are not presented in this section. In the three instances in which involvement level did make a difference, these data are reported in the text.

4.1 Basic supportive services

The resources included in this section are food stamps, commodities, medicaid, and welfare. These are all resources for which eligibility is one determining factor in terms of use. Therefore, use vs. non-use often has less to do with longevity and more to do with eligibility.

4.1.1 Food stamps

Table VI-5 . Knowledge and utilization of food stamps - longevity variable

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know--unknown	13 (4)	3 (4)	6 (5)	4 (2)	13 (6)	3 (8)	6 (6)	4 (5)	- -	- -	- -	- -
Not available	26 (7)	6 (9)	15 (10)	5 (4)	26 (12)	6 (16)	15 (16)	5 (6)	- -	- -	- -	- -
Available and not used	106 (30)	16 (24)	48 (32)	42 (30)	70 (33)	10 (27)	33 (35)	27 (33)	36 (26)	6 (20)	15 (28)	15 (27)
Available and used	209 (59)	42 (63)	79 (53)	88 (64)	105 (49)	18 (49)	40 (43)	47 (57)	104 (74)	24 (80)	39 (72)	41 (73)
Base:	354	67	148	139	214	37	94	83	140	30	54	56
Receiving food stamps at ime of interview	167 (47)	28 (42)	68 (46)	71 (51)	91 (42)	14 (38)	35 (37)	42 (51)	76 (53)	14 (47)	33 (61)	29 (52)
Not receiving food stamps t time of interview	187 (53)	39 (58)	80 (54)	68 (49)	123 (58)	23 (62)	59 (63)	41 (49)	64 (47)	16 (53)	21 (39)	27 (48)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

The data show food stamps to be more widely used among rural respondents (74%), although almost one-half of the urban sample (49%) report having used them at some time. These data should be viewed in conjunction with those on commodities as in most locations food stamps and commodities are an "either/or" situation. That is, given a family's eligibility for one of these services, the family will receive either food stamps or commodities, depending upon the decision made by the local agency.

In comparing the data for "available and used" and "received at time of interview," it is interesting to note that although rural respondents are still the greater users of food stamps, there is a marked decrease in the use over time for the total sample. That is, as can be seen from Table VI-5 , at some time in the past, 7% more of the urban respondents and 21% more of the rural respondents received food stamps than are now receiving them.

According to PCC staff, food stamps are available in all the communities represented in the study. It is interesting that 18% of the urban respondents did not know of food stamps or thought they were not available, whereas all rural subjects were aware of their availability regardless of whether or not they used the resource.

When a chi-square analysis was done for the urban sample across longevity, it was found that the difference between whether or not respondents were aware of the resources just missed statistical significance. In all cases, with the exception of long-time members, fewer respondents are aware of the availability of the service than would be expected.

Incidence of use, as measured across length of membership, does not show differences within the urban or rural samples. What is interesting, however, is that in the urban sample, long-time members tend to be the greatest users of this service, while in the rural sample, new parents have the highest rate of use. The fact that new rural families show a higher rate of use is related to their employment status as eligibility for receipt of food stamps is based upon economic need; background data show new members to have a higher unemployment rate.

4.1.2 Commodities

Table VI-6. Knowledge and utilization of commodities - longevity variable

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY ***(1)				RURAL LONGEVITY			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	43 (12)	10 (15)	18 (12)	15 (11)	19 (9)	5 (14)	5 (5)	9 (11)	24 (17)	5 (17)	13 (24)	6 (11)
Not available	147 (42)	27 (40)	46 (31)	74 (53)	45 (21)	6 (16)	10 (11)	29 (35)	102 (72)	21 (70)	36 (65)	45 (80)
Available and not used	60 (17)	10 (15)	30 (21)	20 (14)	52 (24)	8 (22)	26 (28)	18 (22)	8 (6)	2 (7)	4 (7)	2 (6)
Available and used	104 (29)	20 (30)	54 (36)	30 (22)	98 (46)	18 (48)	53 (56)	27 (33)	6 (4)	2 (7)	1 (2)	3 (2)
Base:	354	67	148	139	214	37	94	83	140	30	54	56
Received at time of interview	93 (26)	16 (24)	51 (34)	26 (19)	91 (42)	15 (40)	50 (53)	26 (31)	2 (2)	1 (3)	1 (2)	- -
Did not receive at time of interview	261 (73)	51 (76)	97 (66)	113 (81)	123 (58)	22 (60)	44 (47)	57 (69)	138 (98)	29 (97)	53 (98)	56 (100)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

***(1) Chi-square is significant at .001 level for knowledge c resource

Commodities are available in three rural communities in the sample, yet they are used most rarely by rural respondents. As was mentioned in the discussion on food stamps, a family usually receives either one or the other of these services with the decision being made in accordance with family eligibility and local policy. Commodities are a less convenient service in rural areas. Families must travel to a central distribution point in order to receive the food; in rural areas, where transportation is difficult and not readily available, this presents a problem.

Looking at the data in both tables VI-5 and VI-6, it can be seen that ninety-five percent of the urban respondents and seventy-eight percent of the rural subjects have used either food stamps or commodities at some time. In terms of current use, 83% of the urban and 55% of the rural respondents are now receiving one or the other of these services. At any point in time, urban respondents are the greater consumers of these two services combined. This may be more a function of local policy than economic need. That is, given a rural and an urban family with equal incomes, it is possible that due to the differences in eligibility requirements between one locale and another, one family will receive food stamps or commodities while the other will not.

Actual use of commodities is greatest among short-time and less involved members. This use, as with use of other services requiring eligibility, is most probably related to changes in employment status.

It is surprising that 46% of the long-time urban members should report that the service is unknown to them or is unavailable in the community. Significantly fewer of the long-term urban members know of the availability of the services than is the case with new and short-time members. Fewer long-time members use the services and apparently are therefore unaware of its existence. The percentage of rural long-time members responding similarly is also very high, however, the rural response is not as surprising when one considers that although the service is available it is not widely used and may not be recommended for use in view of local idiosyncracies.

4.2.3 Medicaid

Table VI-7. Knowledge and utilization of medicaid - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
on't know/unknown	10 (3)	5 (7)	2 (1)	3 (2)	6 (3)	3 (8)	1 (1)	2 (2)	4 (3)	2 (7)	1 (2)	1 (2)
Not available	2 (1)	- -	1 (1)	1 (1)	2 (1)	- -	1 (1)	1 (1)	- -	- -	- -	- -
Available and not used	98 (27)	15 (23)	37 (25)	46 (33)	54 (25)	6 (16)	22 (23)	26 (31)	44 (31)	9 (30)	15 (28)	20 (36)
Available and used	244 (69)	47 (70)	108 (73)	89 (64)	152 (71)	28 (76)	70 (75)	54 (65)	92 (66)	19 (63)	38 (70)	35 (63)
Base:	354	67	148	139	214	37	94	83	140	30	54	56
sed at time of interview	211 (60)	42 (63)	91 (62)	78 (56)	142 (67)	27 (73)	62 (66)	53 (64)	69 (50)	15 (50)	29 (54)	25 (45)
ot used at time of interview	143 (40)	25 (37)	57 (38)	61 (44)	72 (33)	10 (27)	32 (34)	30 (36)	71 (50)	15 (50)	25 (46)	31 (55)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Medicaid is among the most widely known and used resources. Well over 90% of both the urban and rural samples are aware of this resource's availability. The number of subjects reporting unavailability or lack of knowledge of the service is negligible. The majority of respondents report that they have received medicaid at some time.

Fewer long-time urban members seem to have used this service than short-time or new members. These differences almost reach statistical significance.

Judging from the data, it appears that knowledge and use of medicaid is more a function of use of public assistance than of length of PCC membership.

4.1.4 Welfare

Table VI-8. Knowledge and utilization of welfare - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
on't know/unknown	4 (1)	3 (4)	1 (1)	- -	3 (1)	2 (5)	1 (1)	- -	1 (1)	1 (3)	- -	- -
ot available	2 (1)	1 (1)	- -	1 (1)	1 (0)	- -	- -	1 (1)	1 (1)	1 (3)	- -	- -
Available and not used	123 (35)	21 (31)	49 (33)	53 (38)	55 (26)	7 (19)	23 (24)	25 (30)	68 (48)	14 (47)	26 (48)	28 (50)
Available and used	225 (64)	42 (63)	98 (66)	85 (61)	155 (72)	28 (76)	70 (74)	57 (69)	70 (50)	14 (47)	28 (52)	28 (50)
Base:	354	67	148	139	214	37	94	83	140	30	54	56
eceived at time of interview	188 (53)	37 (55)	83 (56)	68 (49)	140 (65)	26 (70)	63 (67)	51 (61)	48 (34)	11 (37)	20 (37)	17 (30)
Did not receive at time of interview	166 (47)	30 (45)	65 (44)	71 (51)	74 (34)	11 (30)	31 (33)	32 (38)	92 (66)	19 (63)	34 (63)	39 (70)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Knowledge of this resource is widespread; 64% of the total sample has used welfare at one time or another.

Across longevity, within both the urban and rural subsamples, the percentages for use are fairly even, indicating that incidence of use seems to be evenly distributed. What is interesting, however, is the decrease in use that becomes apparent when the data for receipt of welfare at time of interview is considered. This decline is most marked among rural respondents, especially long-time members.

Looking at data for current use, it can be seen that there is a relatively low percentage (34%) of rural members receiving welfare, as compared with urban members (65%). It must be recalled that 72% of the urban mothers are unemployed and 60% of the rural mothers are unemployed. Also there are twice as many fathers present in rural homes, as well as a higher employment rate among rural fathers. In addition, eligibility is defined locally, rather than in terms of any absolute level of family eligibility. In some areas, the amount of money available for welfare is dependent upon a county contribution of funds. Thus, a less wealthy county contributes a small amount of money that may not be sufficient to allow all needy families to receive welfare. It is therefore possible to have an urban and a rural family with the same incomes (that fall below national poverty guidelines), and to find that one family receives welfare while the other does not.

In part, the decline in use of welfare may be due to changes or fluctuations in eligibility guidelines, but among long-term rural respondents changes in employment status are a contributing factor.

In terms of involvement, the difference in incidences of use between highly involved and less involved respondents in the urban sample is statistically significant. Proportionately, fewer highly involved urban subjects have used welfare at some time than would be expected. The differences across this variable for the rural sample are smaller and non-significant. Still, fewer highly involved members report receipt of welfare than low involved members.

4.2 Medical facilities

4.2.1 Comprehensive health clinic

Table VI-9. Knowledge and utilization of comprehensive health center - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY***(2)				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	78 (22)	18 (27)	31 (21)	29 (21)	18 (8)	6 (16)	6 (6)	6 (7)	60 (43)	12 (40)	25 (46)	23 (41)
Not available	58 (16)	14 (21)	21 (14)	23 (16)	3 (1)	1 (3)	- -	2 (2)	55 (39)	13 (43)	21 (39)	21 (38)
Available and not used	46 (13)	15 (22)	21 (14)	10 (7)	39 (18)	13 (35)	19 (20)	7 (8)	7 (5)	2 (7)	2 (4)	3 (5)
Available and used	172 (48)	20 (30)	75 (51)	77 (55)	154 (72)	17 (46)	69 (73)	68 (82)	18 (13)	3 (10)	6 (11)	9 (16)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

***(2) Chi-square significant at .001 level for use of resource

According to PCC Directors, this service is not available to residents of two rural PCC communities. It is therefore not surprising to find such a wide split, in terms of knowledge and use, between the urban and the rural respondents.

Although in the urban sample new members have the least knowledge of availability of such services, the difference, measured across longevity, of whether or not urban respondents are aware of the resource is not significant. There is, however, a highly significant difference along this variable for use of resource. Ongoing urban members (long-time 82%, short-time 73%) are found to utilize the comprehensive health center more often than new members (46%).

4.2.2 Public health clinic

Table VI-10. Knowledge and utilization of public health clinic - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
ont't know/unknown	34 (10)	8 (12)	12 (8)	14 (10)	10 (5)	2 (5)	- -	8 (10)	24 (17)	6 (20)	12 (22)	6 (11)
ot available	13 (4)	4 (6)	2 (1)	7 (5)	4 (2)	1 (3)	1 (1)	2 (2)	9 (6)	3 (10)	1 (2)	5 (9)
vailable and not used	51 (14)	11 (16)	18 (12)	22 (16)	33 (15)	5 (14)	11 (12)	17 (20)	18 (13)	6 (20)	7 (13)	5 (9)
vailable and used	256 (72)	44 (66)	116 (78)	96 (69)	167 (78)	29 (78)	82 (87)	56 (67)	89 (64)	15 (50)	34 (63)	40 (71)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

One rural community does not have a public health clinic as such. What is available in the community is the Public Health Department whose personnel dispense services similar to those that would be provided by a clinic.

Although the majority of all respondents are aware of and use the clinic, knowledge and use is highest among urban respondents. Seventeen percent of the rural subjects are unaware of this resource. Only 7% of urban respondents are unaware.

New urban parents seem to have a solid knowldege of available medical facilities and are getting services from these resources. The frequency and pattern of usage of these resources will be presented in the next chapter. Among rural PCC members, knowledge and use of a public health clinic is highest for long-time members. New rural members report the lowest incidence of use and the highest proportion of persons reporting that they know of the resource but do not use it.

Differences of use of a public health clinic are statistically significant for the urban sample across involvement. Fewer highly involved members report having ever used this resource than is true of less involved parents.

4.2.3 Public hospital

Table VI-11. Knowledge and utilization of public hospital - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	4 (1)	2 (3)	- -	2 (1)	- -	- -	- -	- -	4 (3)	2 (7)	- -	2 (4)
Not available	56 (16)	13 (19)	21 (14)	22 (16)	2 (1)	- -	- -	2 (2)	54 (38)	13 (43)	21 (39)	20 (36)
Available and not used	78 (22)	14 (21)	37 (25)	27 (19)	66 (31)	13 (35)	27 (29)	26 (31)	12 (8)	1 (3)	10 (18)	1 (2)
Available and used	216 (61)	38 (57)	90 (61)	88 (63)	146 (68)	24 (65)	67 (71)	55 (66)	70 (50)	14 (47)	23 (42)	33 (59)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

A public hospital is available to residents in all the study communities. This does not necessarily mean that the hospital is conveniently or easily accessible to residents, but it does mean that they can be served by this resource. Given this, it is surprising to find that 36% of the rural long-time members report that a public hospital is not available. Only two urban subjects responded in this manner. One-half of the new rural parents responded that they do not know of the resource or that it does not exist. Although the figure is high, it is only ten percentage points higher than similar responses from ongoing rural members. Of the remaining 50% of the new parents who are aware of the resource, 47% report that they had at some point used the hosiptal.

Use of a public hospital is distributed evenly in terms of longevity among urban respondents. Among rural respondents, both use and knowledge are somewhat greater among long-time members than among new members, but differences are small.

4.2.4 Mental health clinic

Table VI-12. Knowledge and utilization of mental health clinic - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	123 (35)	27 (40)	52 (35)	44 (32)	74 (34)	14 (38)	35 (37)	25 (30)	49 (35)	13 (43)	17 (32)	19 (34)
Not available	56 (16)	9 (13)	22 (15)	25 (18)	19 (9)	3 (8)	8 (8)	8 (10)	37 (26)	6 (20)	14 (26)	17 (30)
Available and not used	152 (43)	29 (43)	63 (42)	60 (43)	106 (50)	18 (49)	47 (50)	41 (49)	46 (33)	11 (37)	16 (30)	19 (34)
Available and used	23 (6)	2 (3)	11 (7)	10 (7)	15 (7)	2 (5)	4 (4)	9 (11)	8 (6)	- -	7 (13)	1 (2)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

A mental health clinic is unavailable in two of the rural communities. However, in one community in which unavailability was reported, there is a clinic 80 miles from the PCC and a staff member from this clinic does come to the Center at times. This did not seem to be considered by rural respondents to be an available resource as can be seen from the data.

Even though a clinic is available to all urban respondents, 43% of the subjects report that they either do not know of the resource or that it is not available. Of the remaining respondents who are aware of the clinic, 50% report that they have never used the resource. The majority of rural respondents who are aware of the clinic's availability also report non-use. All percentages of use across both samples in terms of longevity are small and there are no statistically significant differences among users.

Use of a mental health clinic presents an interesting case in that it requires a specific need and a certain degree of sophistication to recognize this need. Most often, recognition of need is made by trained personnel and one might assume that most persons reporting to have used a clinic did so by referral. It is likely that referrals were made by PCC staff members or consultants to the program who had knowledge of specific cases. However, as can be seen from the data, very few of the ongoing families have been referred to mental health clinics.

4.2.5 Family counseling agencies

Table VI-13. Knowledge and utilization of family counseling agencies - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	114 (32)	22 (33)	42 (28)	50 (36)	64 (30)	9 (24)	26 (28)	29 (35)	50 (36)	13 (43)	16 (30)	21 (38)
Not available	66 (19)	15 (22)	25 (17)	26 (19)	23 (11)	5 (14)	8 (8)	10 (12)	43 (31)	10 (33)	17 (31)	16 (28)
Available and not used	144 (41)	25 (37)	67 (45)	52 (37)	110 (51)	19 (51)	55 (58)	36 (43)	34 (24)	6 (20)	12 (22)	16 (28)
Available and used	30 (8)	5 (7)	14 (9)	11 (8)	17 (8)	4 (11)	5 (5)	8 (10)	13 (9)	1 (3)	9 (17)	3 (5)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

This, again, is a resource requiring some amount of sophistication for use. It is not a resource that one would expect to be widely used by most respondents as it also is only used when a specific problem arises. A family counseling agency exists in all the urban areas and in two of the three rural locations.

Lack of knowledge of the resource is high for both the urban (41%) and rural (67%) samples. In the urban sample, it is interesting to note that long-time members have the highest percentage of "don't know" or "not available" responses. The percentage of rural long-time respondents reporting no knowledge of the resource is also high. On this issue, however, it is the new parents who are least knowledgeable.

One half of the urban sample report that they know the resource is available, but that they do not use it. Approximately one-quarter of the rural subjects make similar report. The resource has been used by only 8% of the total sample.

4.2.6 Planned parenthood services

Table VI-14. Knowledge and utilization of planned parenthood services - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY**(2)				RURAL LONGEVITY*(2)			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	59 (17)	16 (24)	19 (13)	24 (17)	32 (15)	6 (16)	11 (12)	15 (18)	27 (19)	10 (33)	8 (15)	9 (16)
Not available	27 (8)	4 (6)	6 (4)	17 (12)	6 (3)	1 (3)	- -	5 (6)	21 (15)	3 (10)	6 (11)	12 (21)
Available and not used	139 (39)	29 (43)	54 (36)	56 (40)	87 (41)	15 (40)	31 (33)	41 (49)	52 (37)	14 (47)	23 (42)	15 (27)
Available and used	129 (36)	18 (27)	69 (47)	42 (30)	89 (42)	15 (40)	52 (55)	22 (26)	40 (28)	3 (10)	17 (31)	20 (36)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

**(2) Chi-square significant at .01 level for use of resource
*(2) Chi-square significant at .05 level for use of resource

Planned parenthood services are unavailable in one rural community and had only begun operation three months prior to CCR interviewing in another rural PCC location. These are available in all four urban communities.

In Table VI-14, the great majority of urban subjects are aware of the resource's availability. Urban long-time members, although knowledgeable about the resource, are less likely to use this service than are short-time or new members. The differences in use across longevity are statistically significant. Long-time members have the lowest percentage of respondents reporting use while short-time members have the highest. This may be related to the older age of long-time members, who, being older, may be more conservative in their views about birth control.

More rural long-time members (37%) have used this service than new members (10%). A total of 57% of these respondents know the resource is available. Considering the greater use among ongoing members, it will be interesting to see if any change in use on the part of new members occurs after several months in program. At this point, there is no way of knowing what, if any, influence PCC has had in this area.

4.3 Early childhood programs

4.3.1 Head Start

Table VI-15. Knowledge and utilization of Head Start program - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY***(2)				RURAL LONGEVITY*			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20 Mo
Don't know/ unknown	20 (6)	9 (13)	9 (6)	2 (1)	13 (6)	4 (11)	8 (8)	1 (1)	7 (5)	5 (17)	1 (2)	(;
Not available	18 (5)	1 (1)	11 (7)	6 (4)	3 (1)	1 (3)	2 (2)	- -	15 (11)	- -	9 (17)	(1
Available and not used	171 (48)	39 (58)	82 (55)	50 (36)	119 (56)	25 (68)	58 (62)	36 (43)	52 (37)	14 (47)	24 (44)	1 (2
Available and used	145 (41)	18 (27)	46 (31)	81 (58)	79 (37)	7 (19)	26 (28)	46 (55)	66 (47)	11 (37)	20 (37)	3 (6
Base:	354	67	148	139	214	37	94	83	140	30	54	5

*** (2): Chi-square significant at .001 level for use of resource.
* (2): Chi-square significant at .05 level for use of resource.

The overwhelming majority of respondents in both the urban and rural samples are aware of the Head Start program. Even so, it is surprising to find that 11% of the rural ongoing members claim that no such program is available in their community. Short-time rural respondents and new urban members are the least knowledgeable about this resource.

Use of Head Start is greater, overall, among rural respondents. Almost one-half of the rural parents report having used the program at some time or another. One might expect that use of this particular resource would be somewhat greater among rural respondents as these persons have generally larger and hence older families. Across longevity, the finding that more long-time members use Head Start is statistically significant for both the urban and rural samples. Long-time members have older children and they are more likely to have a Head Start eligible child.

It is interesting that such a large percentage of all PCC parents (41%) use this resource and yet such a small percentage of these parents serve on Head Start Policy Committees. The data presented earlier in this chapter show that only 7% of all parents serve on Head Start Boards.

4.3.2 Day care or child care program

Table VI-16. Knowledge and utilization of day care or child care program - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY*(1)			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/ unknown	35 (10)	10 (15)	13 (9)	12 (9)	20 (9)	6 (16)	6 (6)	8 (10)	15 (11)	4 (13)	7 (13)	4 (7)
Not available	43 (12)	13 (19)	8 (5)	22 (16)	7 (3)	1 (3)	2 (2)	4 (5)	36 (26)	12 (40)	6 (11)	18 (32)
Available and not used	178 (50)	32 (48)	78 (53)	68 (49)	117 (55)	21 (57)	51 (54)	45 (54)	61 (44)	11 (36)	27 (50)	23 (41)
Available and used	98 (28)	12 (18)	49 (33)	37 (27)	70 (33)	9 (24)	35 (37)	26 (31)	28 (20)	3 (10)	14 (26)	11 (20)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

*(1): Chi-square significant at .05 level for knowledge of resource.

Although the majority of respondents are aware of day care or child care programs in their communities, the differences in knowledge across longevity are statistically significant for the rural sample and approach statistical significance for the urban sample. In the rural area it is the new members who are most aware of the resources' availability. In the urban sample, it is the short-term members who are the most knowledgeable.

Significantly more urban respondents are aware of this resource than are rural respondents, and urban parents also tend to use day care programs more than do rural parents. Short-term urban members have the highest percentage for use, however distribution across longevity does not vary more than 13 percentage points; this between new and short-time members. In the rural sample, short-time members are also the greatest users of this resource and the variations between percentages are similar to those in the urban sample.

4.4 Recreational programs

Table VI-17. Knowledge and utilization of recreational programs - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY*(2)				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/ unknown	68 (19)	18 (27)	31 (21)	19 (14)	31 (14)	8 (22)	16 (17)	7 (8)	37 (26)	10 (33)	15 (28)	12 (21)
Not available	57 (16)	9 (13)	19 (13)	29 (21)	13 (6)	- -	4 (4)	9 (11)	44 (31)	9 (30)	15 (28)	20 (36)
Available and not used	135 (38)	25 (37)	65 (44)	45 (32)	101 (47)	17 (46)	50 (53)	34 (41)	34 (24)	8 (27)	15 (28)	11 (20)
Available and used	94 (26)	15 (22)	33 (22)	46 (33)	69 (32)	12 (32)	24 (26)	33 (40)	25 (18)	3 (10)	9 (17)	13 (23)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

*(2): Chi-square significant at .05 level for use of resource.

Recreational programs are not available in one rural community at all and in the other two rural areas availability is not widespread. That is, for one PCC a program exists for residents in only one of the counties served by PCC, and for the other PCC, staff had difficulty deciding if any activities were organized enough to be called a recreational program. It is therefore not at all surprising to find such a high percentage of rural respondents reporting that they either do not know of a program or that a program is not available. In terms of knowledge of resources in the urban areas, where programs serve each community, there are no differences between new and ongoing parents.

Use of recreational programs by the urban sample along longevity showed statistically significant differences. Long-time urban members use recreational programs more often than other members. Differences in use by the rural respondents are minimal, however here also it is the long-time members who have the highest percentage of use.

Highly involved rural parents use recreational facilities significantly more than do low involved parents.

4.5 Free legal services (Legal Aid)

Table VI-18. Knowledge and utilization of free legal services - longevity variable

RESPONSES	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY*(1)			
	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	73 (21)	19 (28)	31 (21)	23 (16)	33 (15)	7 (19)	17 (18)	9 (11)	40 (28)	12 (40)	14 (26)	14 (25)
Not available	65 (18)	13 (19)	19 (13)	33 (24)	11 (5)	1 (3)	3 (3)	7 (8)	54 (38)	12 (40)	16 (30)	26 (46)
Available and not used	152 (43)	25 (37)	73 (49)	54 (39)	123 (57)	22 (59)	57 (61)	44 (53)	29 (21)	3 (10)	16 (30)	10 (18)
Available and used	64 (18)	10 (15)	25 (17)	29 (21)	47 (22)	7 (19)	17 (18)	23 (28)	17 (12)	3 (10)	8 (15)	6 (11)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

*(1) Chi-square significant at .05 level for knowledge of resource

Free legal services are not available to residents of one rural community. However, even when the subjects from this PCC are excluded, the percentage of rural respondents who are unaware of this resource is still fairly high. Significantly fewer long-time rural members are knowledgeable about this resource than are short-time members.

Legal Aid is a resource for which use is dependent upon specific need. Therefore the important measure is knowledge of the resource, rather than use. The percentage of urban respondents who report awareness of Legal Aid is significantly greater than the percentage of rural respondents who report awareness. Use is greatest among the long-time members in the urban sample and short-time members in the rural sample.

4.6 Housing authority

Table VI-19. Knowledge and utilization of housing authority - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	54 (15)	14 (21)	23 (16)	17 (12)	18 (8)	3 (8)	8 (8)	7 (8)	36 (26)	11 (37)	15 (28)	10 (18)
Not available	74 (21)	17 (25)	26 (18)	31 (22)	3 (1)	1 (3)	1 (1)	1 (1)	71 (51)	16 (53)	25 (46)	30 (54)
Available and not used	146 (41)	22 (33)	73 (49)	51 (37)	118 (55)	19 (51)	60 (64)	39 (47)	28 (20)	3 (10)	13 (24)	12 (21)
Available and used	80 (22)	14 (21)	26 (18)	40 (29)	75 (35)	14 (38)	25 (26)	36 (43)	5 (4)	- -	1 (2)	4 (7)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Although a housing authority is a resource available to all PCC communities, over three-quarters of the rural respondents are unaware of such an agency or report erroneously that it is unavailable; 9% of the urban subjects give the same report. This is not a surprising statistic as most rural families live in single family dwellings and are most likely to report their housing problems to their landlords.

On the other hand, many urban families live in apartment buildings, some of which are publicly subsidized and might therefore require recourse to a public agency, the housing authority.

Over one-third of the urban PCC members report that they have, at some time, contacted the housing authority. The differences across longevity for this sample are not large although long-time members have used this resource in greater numbers than others.

4.7 Resources related to employment

4.7.1 State employment office

Table VI-20. Knowledge and utilization of state employment office - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY*(2)				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	27 (8)	9 (13)	7 (5)	11 (8)	10 (5)	4 (11)	3 (3)	3 (4)	17 (12)	5 (17)	4 (7)	8 (14)
Not available	28 (8)	5 (7)	12 (8)	11 (8)	2 (1)	1 (3)	- -	1 (1)	26 (18)	4 (13)	12 (22)	10 (18)
Available and not used	163 (46)	24 (36)	82 (55)	57 (41)	106 (50)	14 (38)	57 (61)	35 (42)	57 (41)	10 (33)	25 (46)	22 (39)
Available and used	136 (38)	29 (43)	47 (32)	60 (43)	96 (45)	18 (49)	34 (36)	44 (53)	40 (28)	11 (37)	13 (24)	16 (28)
Base;	354	67	148	139	214	37	94	83	140	30	54	56

*(2) Chi-square significant at .05 level for use of resource

Each PCC catchment area is served by a state employment office, however, at one PCC this office is approximately 70 miles from the Center, rendering it virtually unavailable.

Among both urban and rural respondents, the vast majority are aware of the availability of this resource. In the urban sample, the percentage of respondents familiar with this agency is almost as high as it is for services such as welfare and medicaid, two of the most widely known resources.

Although the differences in use across longevity are statistically significant only for the urban sample, the rural sample also shows some interesting differences. In the urban sample, it is the long-time members who report the greatest incidence of use. However, urban new members also have a relatively high incidence of use. The new parents, both urban and rural, at least in this area, are as active and as knowledgeable, if not more so, than other member-parents. This is somewhat surprising as it would be expected that state employment would be a prime resource contacted for referrals by the PCC. This may still be true, however, it also seems that this is a resource heavily used regardless of PCC membership.

4.7.2 Job training programs

Table VI-21. Knowledge and utilization of job training programs - longevity variable

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Don't know/unknown	66 (19)	17 (25)	23 (16)	26 (19)	30 (14)	6 (16)	12 (13)	12 (14)	36 (26)	11 (37)	11 (20)	14 (25)
Not available	22 (6)	7 (10)	8 (5)	7 (5)	7 (3)	3 (8)	3 (3)	1 (1)	15 (11)	4 (13)	5 (9)	6 (11)
Available and not used	184 (52)	25 (37)	84 (57)	75 (54)	116 (54)	16 (43)	55 (58)	45 (54)	68 (48)	9 (30)	29 (54)	30 (54)
Available and used	82 (23)	18 (27)	33 (22)	31 (22)	61 (28)	12 (32)	24 (26)	25 (30)	21 (15)	6 (20)	9 (17)	6 (11)
Base:	354	67	148	139	214	37	94	83	140	30	54	56

Overall, more urban respondents are aware of the availability of this resource than rural respondents and in turn, almost twice as many urban (28%) as rural members (15%) report contact with such a program. Differences in use across longevity are virtually negligible. As with the state employment office, new parents represent a relatively high percentage of those persons who report having used this resource.

5.0 SUMMARY

MEMBERSHIP IN COMMUNITY GROUPS

- ° Regardless of length of membership or involvement level, the majority of respondents do not belong to any community groups or organizations. Seven percent of ongoing members are on Head Start Policy Councils and 11% are P.T.A. members.
- ° Although the percentages for all groups are small, the largest proportion of respondents belong to such organizations as church-related groups, block associations, veterans groups, bowling leagues, etc.

EDUCATIONAL RESOURCES

- ° The majority of parents are not enrolled in any type of education program.
- ° Enrollment is significantly greater among high involved parents than it is among low involved parents.
- ° Significantly more rural ongoing members are enrolled in educational programs than are new members.

- ° The majority of parents report that at least one family member has a library card.
- ° Among long-time members, more families have library cards

- Seventy-two percent of all respondents report obtaining a daily or weekly newspaper regularly.
- New and short-time urban members show significantly higher percentages for receipt of a newspaper than do long-time members.
- In the rural sample, significantly more of the highly involved respondents report receiving a newspaper regularly.

BASIC SUPPORTIVE SERVICES

- Food stamps are used by the majority of respondents.
- Approximately one-third more rural than urban respondents receive food stamps.
- Use of food stamps has decreased over time; this is especially true of the rural sample.
- New and short-time urban members are less aware of food stamps as a resource than would be expected.
- Long-time urban and new rural members are the greatest users of food stamps.

- More urban than rural respondents receive commodities.
- Actual use of commodities is greatest among short-time and less involved members.
- Significantly fewer of the long-time urban members know of the availability of commodities than is the case with new and short-time members.

- Medicaid is among the most widely known and used resources.
- It appears that knowledge and use of medicaid is more a function of use of public assistance than of length of PCC membership.

- Sixty-four percent of the total sample has used welfare at some time.
- Receipt of welfare has declined over time.
- At the time of interview, more urban than rural respondents are receiving welfare.
- Significantly fewer urban highly involved members report receipt of welfare than low involved members.

MEDICAL FACILITIES

- Comprehensive health centers are more available (and used) in urban areas.
- A significantly greater percentage of ongoing urban members utilize the comprehensive health center than new members.

- Significantly fewer highly involved urban members report having used a public health clinic than is true of less involved parents.

- Mental health clinics and family counseling agencies are among the least known and used resources.

- Urban long-time members use planned parenthood services significantly less than short-time or new members.
- More rural long-time members use planned parenthood than new members.

EARLY CHILDHOOD PROGRAMS

- The overwhelming majority of respondents are aware of the Head Start program.
- Long-time members are the greatest users of this resource.
- In the rural sample, new members are significantly more aware of day care or child care programs than other subjects.
- In the urban sample, short-time members are the most knowledgeable about day care or child care programs.

RECREATIONAL PROGRAMS

- Long-time urban members use recreational programs with significantly greater frequency than others in this sample.

- Use of recreational facilities is significantly greater among highly involved rural parents than less involved rural members.

RESOURCES RELATED TO EMPLOYMENT

- The majority of respondents are aware of the availability of a state employment office.
- Long-time urban members report the greatest incidence of use of a state employment office.
- More urban than rural respondents are aware of the availability of job training programs.

CHAPTER VII

HEALTH AND NUTRITION

1.0 Overview

Improving the health of member families has always been a priority objective of PCC. At most PCC's this means a facilitator role for the PCC, which establishes a relationship with a health facility to ensure receipt of services. In most such instances, the family is enrolled at the health service at the urging of PCC; where the PCC has a nurse she acts as the liaison between PCC and the health agency. The nurse reminds families of scheduled appointments, keeps records, makes sure that the doctor's recommendations are understood and followed. At PCC's located in rural areas, where there is a dearth of health care, certain services such as immunizations are provided on site by the PCC nurse. At other rural PCC's the program purchases services for any family which cannot afford medical care. Health education and nutrition education are part of the overall emphasis on health of every PCC program. In some programs both topics are taught by the nurse, in some there is a separate nurse and nutritionist, and in others still one or both are taught by the parent educator along with many other topics.

The Centers represented within the present study reflects the diversity of PCC approaches to health and nutrition as was demonstrated in Volume I. CCR measurement in this area centers around actual behavior. Basically the central questions are:

- Do ongoing PCC families receive more regular and appropriate medical care than new families?
- Do ongoing PCC families follow a more nutritious diet than new families?

2.0 Health Care

2.1 Pre-natal care

One hundred fifteen (40%) of all ongoing members have had a child since joining PCC. These 115 mothers have been compared with the new mothers whose last baby was born prior to PCC membership, in terms of the number of pre-natal visits. Since facilitating and ensuring adequate pre-natal care is an objective of every PCC, it was predicted that mothers who became pregnant while they were PCC members would have had more pre-natal visits than mothers who had babies outside the PCC sphere of influence.

These data are presented in Table VII-1, below.

Table VII-1. Number of pre-natal visits to obstetrician during last pregnancy.

RESPONSES	NEW	ONGOING
None	3 (4)	3 (3)
One or two	2 (3)	1 (1)
3 - 5	6 (9)	7 (6)
6 - 9	13 (19)	36 (31)
10 or more	43 (65)	68 (59)

As can be seen from Table VII-1, the prediction is not supported by the data. There are virtually no differences between new mothers and ongoing mothers whose baby was born while they were PCC members. The majority of both groups had ten pre-natal visits, and the vast majority (84% of the new, 90% of the ongoing) had six or more visits.

2.2 Immunizations

Ensuring that all children are immunized, appropriate to their age, has been a priority PCC objective. To achieve this objective, some PCC's arrange to have a nurse give immunizations at the Center, others provide transportation to a clinic or doctor, while still other PCC's make appointments at the health facility for their families. Whatever the method, every PCC tries to have all children immunized at the proper time in their development.

Table VII-2. DPT immunization of all children four years or younger - longevity variable.

RESPONSES	URBAN-RURAL TOTALS Sample	New	6-20 Mos.	20+ Mos.	URBAN LONGEVITY** Total	New	6-20 Mos.	20+ Mos.	RURAL LONGEVITY*** Total	New	6-20 Mos.	20+ Mos.
Fully immunized appropriate for age	474 (79)	70 (61)	197 (81)	207 (84)	302 (82)	42 (67)	137 (85)	123 (84)	172 (74)	28 (55)	60 (74)	84 (84)
Partially immunized	55 (9)	14 (12)	23 (9)	18 (7)	33 (9)	10 (16)	12 (7)	11 (8)	22 (9)	4 (8)	11 (13)	7 (7)
Not immunized	49 (8)	25 (22)	14 (6)	10 (4)	13 (3)	8 (13)	3 (2)	2 (1)	36 (15)	17 (33)	11 (13)	8 (8)
Immunization status not known	25 (4)	5 (5)	9 (4)	11 (5)	22 (6)	3 (4)	9 (6)	10 (7)	3 (2)	2 (4)	- -	1 (1)
Base: Total children 4 years or younger	603	114	243	246	370	63	161	146	233	51	82	100

** Chi-square significant at the .01 level
*** Chi square significant at the .001 level

Table VII-3. Polio immunization of all children four years or younger - longevity variable.

RESPONSES	URBAN-RURAL TOTALS Sample	New	6-20 Mos.	20+ Mos.	URBAN LONGEVITY** Total	New	6-20 Mos.	20+ Mos.	RURAL LONGEVITY*** Total	New	6-20 Mos.	20+ Mos.
Fully immunized appropriate for age	480 (80)	71 (62)	198 (81)	211 (86)	308 (83)	44 (70)	137 (85)	127 (87)	172 (74)	27 (53)	61 (74)	84 (84)
Partially immunized	51 (8)	11 (10)	23 (9)	17 (7)	31 (8)	7 (11)	14 (9)	10 (7)	20 (9)	4 (8)	9 (11)	7 (7)
Not immunized	56 (9)	27 (24)	18 (7)	11 (4)	18 (5)	9 (14)	6 (4)	3 (2)	38 (16)	18 (35)	12 (15)	8 (8)
Immunization status not known	16 (3)	5 (4)	4 (2)	7 (3)	13 (4)	3 (5)	4 (2)	6 (4)	3 (1)	2 (4)	- -	1 (1)
Base: total children 4 years or younger	603	114	243	246	370	63	161	146	233	51	82	100

** Chi-square significant at the .01 level
*** Chi-square significant at the .001 level

Table VII-4. Measles immunization of all children four years or younger - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY**				RURAL LONGEVITY***			
RESPONSES	Sam-ple	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Fully immunized appropriate for age	457 (76)	60 (53)	189 (78)	208 (84)	303 (82)	42 (67)	134 (83)	127 (87)	154 (66)	18 (35)	55 (67)	81 (81)
Not immunized	124 (21)	45 (40)	48 (20)	31 (12)	49 (13)	15 (24)	21 (13)	13 (9)	75 (33)	30 (59)	27 (32)	18 (18)
Immunization status not known	22 (4)	9 (8)	6 (2)	7 (3)	18 (5)	6 (10)	6 (4)	6 (4)	4 (2)	3 (6)	– –	1 (1)
Base: total children 4 years or younger	603	114	243	246	370	63	161	146	233	51	82	100

** Chi-square significant at the .01 level
*** Chi-square significant at the .001 level

Table VII-5. German measles immunization of all children four years or younger - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY*				RURAL LONGEVITY***			
RESPONSES	Sam-ple	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Fully immunized appropriate for age	438 (73)	60 (53)	178 (73)	200 (81)	291 (79)	43 (68)	125 (78)	123 (84)	147 (63)	17 (33)	53 (65)	77 (77)
Not immunized	124 (21)	44 (39)	49 (20)	31 (12)	48 (13)	13 (21)	22 (14)	13 (9)	76 (32)	31 (61)	27 (33)	18 (18)
Immunization status not known	41 (7)	10 (9)	16 (6)	15 (6)	31 (8)	7 (11)	14 (9)	10 (7)	10 (4)	3 (6)	2 (2)	5 (5)
Base: total children 4 years or younger	603	114	243	246	370	63	161	146	233	51	82	100

* Chi-square significant at the .05 level
*** Chi-square significant at the .001 level

The tables above present the findings for four types of immunizations. In all instances more children of the long-time members, both urban and rural, are fully immunized. Among both urban and rural parents, differences between long-term and new members are statistically significant for all four shots. While proportionately more children from highly involved than from low involved families are immunized, these differences tend to be negligible. Regardless of parental involvement level, children of ongoing PCC families have by and large been immunized. Since involvement does not play a critical role, the involvement frequency distributions are not presented.

Among rural respondents, only the long-term members attain as high a percentage of immunized children as their urban counterparts. Both new and short-term urban families have a higher immunization rate than corresponding rural families. Providing immunizations for children in rural areas is often a difficult process: there are often a limited number of doctors and a shortage of medical facilities. Clinics which do exist in rural areas are frequently long distances from the PCC's catchment areas and therefore present serious transportation problems. Apparently, the long-term rural members have the motivation which is required to follow through on the immunization series.

The impact of PCC on the health of children seems indisputable. Only 55% of new rural children have had the DPT series, 53% have had polio shots, 35% have had measles immunization, and 33% have had german measles immunization. The percentage for children of long-term members are markedly different. Eighty four percent of long-term rural children have had the DPT and polio immunizations, 81% have been immunized for measles, and 77% for german measles. In the urban subsample the differences between new and old families are not as striking but they are still noteworthy. In the new urban families 67% of the children have had their DPT shots and measles vaccination, 70% have had polio shots, and 68% have had german measles immunizations. In long-term families, 84% have had DPT and german measles shots, 87% have had polio and measle immunizations.

2.3 Medical check-ups

Just as PCC's have stressed the importance of immunizations so have they stressed the need for regular check-ups for all family members. It has often been said that the population served by PCC goes to see a doctor only when there is sickness; they do not go to a doctor for prevention, only for cure. If this is true, PCC new families should go for regular check-ups less frequently than ongoing members.

2.3.1 Check-ups during the first year of life

Table VII-6a. Number of routine check-ups during first year of life - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
No visits	39 (11)	9 (13)	18 (12)	12 (9)	21 (10)	7 (19)	10 (11)	4 (5)	18 (13)	2 (7)	8 (15)	8 (14)
One visit	17 (5)	5 (7)	4 (3)	8 (6)	7 (3)	2 (5)	1 (1)	4 (5)	10 (7)	3 (10)	3 (5)	4 (7)
Two-three visits	80 (22)	12 (18)	36 (24)	32 (23)	36 (17)	5 (13)	20 (22)	11 (13)	44 (31)	7 (24)	16 (30)	21 (37)
Four-five visits	78 (22)	15 (22)	31 (21)	32 (23)	48 (23)	9 (25)	16 (17)	23 (27)	30 (21)	6 (20)	15 (28)	9 (16)
Six-eight visits	79 (22)	16 (24)	36 (24)	27 (19)	50 (24)	8 (22)	27 (28)	15 (19)	29 (21)	8 (27)	9 (17)	12 (22)
Nine or more visits	61 (17)	10 (15)	23 (16)	28 (20)	52 (24)	6 (16)	20 (21)	26 (31)	9 (6)	4 (13)	3 (5)	2 (4)
Base: total # of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Table VII-6b. Number of routine check-ups during first year of life - involvement variable.

	URBAN-RURAL TOTALS			URBAN INVOLVED			RURAL INVOLVED		
RESPONSES	Sample	Low	High	Total	Low	High	Total	Low	High
No visits	30 (10)	24 (14)	6 (5)	14 (8)	11 (10)	3 (4)	16 (14)	13 (20)	3 (7)
One visit	12 (4)	6 (3)	6 (5)	5 (3)	2 (2)	3 (4)	7 (6)	4 (6)	3 (7)
Two-three visits	68 (24)	46 (26)	22 (19)	31 (18)	22 (21)	9 (13)	37 (34)	24 (36)	13 (29)
Four-five visits	63 (22)	36 (21)	27 (24)	39 (22)	23 (22)	16 (23)	24 (22)	13 (20)	11 (25)
Six-eight visits	63 (22)	33 (19)	30 (26)	42 (24)	24 (23)	18 (26)	21 (19)	9 (14)	12 (28)
Nine or more visits	51 (18)	28 (16)	23 (20)	46 (26)	25 (23)	21 (30)	5 (4)	3 (5)	2 (5)
Base: number of respondents	287	173	114	177	107	70	110	66	44

Almost one half (48%) of the urban and a little over one quarter (27%) of the rural respondents took their youngest child for six or more routine check-ups during the first year of life. Among urban families, although not statistically significant, the trend is certainly in the predicted direction: 38% of new families and 50% of ongoing families took their babies for six or more medical visits. Also whereas 19% of new urban families report no visits, only 5% report no visits among long-term members.

Among rural families, the trend is reversed. More new families (40%) than long-term families (26%) report six or more visits. Similarly, fewer new families report no visits than is the case among ongoing families.

While longevity of membership does not seem to play any role in determining parental behavior re well baby check-ups in the rural areas, involvement does seem to make some contribution. Fewer of the more involved rural parents report no visits, and more of them report six or more visits. Among urban parents involvement level seems to make less of a difference, although highly involved parents do tend to take their babies for more of the first year check-ups than do the low involved.

2.3.2 Check-ups for the child between 1 and 4

Table VII-7. Number of routine yearly check-ups for children, ages 1-4 - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
None	126 (36)	31 (46)	55 (37)	40 (29)	62 (29)	15 (41)	29 (31)	18 (22)	64 (46)	16 (53)	26 (48)	22 (39)
One	81 (23)	9 (13)	27 (18)	45 (32)	37 (17)	5 (14)	13 (14)	19 (23)	44 (31)	4 (13)	14 (26)	26 (46)
Two-three	84 (24)	16 (24)	34 (23)	34 (24)	61 (26)	8 (22)	25 (26)	28 (34)	23 (17)	8 (27)	9 (17)	6 (11)
Four-five	29 (8)	3 (4)	16 (11)	10 (7)	25 (11)	2 (5)	14 (15)	9 (11)	4 (3)	1 (3)	2 (4)	1 (2)
Six-Eight	18 (5)	4 (6)	10 (7)	4 (3)	17 (8)	4 (11)	9 (9)	4 (4)	1 (1)	- -	1 (2)	- -
Nine	16 (4)	4 (6)	6 (4)	6 (4)	12 (6)	3 (8)	4 (4)	5 (6)	4 (3)	1 (3)	2 (4)	1 (2)
Base: number of respondents	354	67	148	139	214	37	94	83	140	30	54	56

Data presented in the table above show the percentages of respondents who bring their children ages 1-4 years for routine medical check-ups. The data show that more rural parents (46% no visits) do not take children to a doctor for check-ups than urban parents (29% no visits). In both subsamples it is clear from the previous tables on number of check-ups during the first year of life, that parents are much more likely to follow through on visits at that time than after the first year.

New parents, both urban (41%) and rural (53%) are more likely to refrain from check-ups for babies past the age of one than are long-term members (urban:22%; rural: 37%). Still this represents a substantially large proportion of PCC babies who are not getting routine well baby examinations at least once a year.

Involvement data show only minimal differences between high and low involvement parents and thus are not presented. Once the four or more visits point is reached, urban percentages remain higher, but there is a leveling off across variables, in both the urban and rural samples. Involvement seems to bear little relationship to whether or not the mother takes the child for check-ups.

2.3.3 Annual examinations for other family members

Table VII-8. Number of other family members who have been examined by a doctor within the last year - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Yes	258 (73)	50 (75)	107 (72)	101 (73)	175 (81)	30 (81)	77 (82)	68 (82)	83 (59)	20 (67)	30 (56)	33 (59)
No	96 (27)	17 (25)	41 (28)	38 (27)	39 (18)	7 (19)	17 (18)	15 (18)	57 (4[illegible])	10 (33)	24 (44)	23 (41)
Base: number of respondents	354	67	148	139	214	37	94	84	140	30	54	56

As with all previous medical data, urban respondents show higher percentages of positive responses. Whereas 81% of urban families have had routine check-ups for other family members, only 59% of rural families have had such examination.

Within the urban and rural samples there are virtually no differences either in terms of longevity or of involvement. Hence, only the longevity data are presented. Apparently, PCC has had no influence on whether or not other family members go for a routine physical examination.

2.4 Ongoing medical treatment

It was predicted that children from ongoing families would show a higher percentage of reported problems than children in new families because of the greater diagnostic and observational skills of PCC staff than of parents. In other words, whereas problems might be overlooked by parents, once a child is in PCC the problem is likely to be spotted and referred for treatment.

2.4.1 Treatment for medical/psychological problems of children

Table VII-9. Treatment status for children reporting medical/ psychological problems - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Treatment continuing	86 (82)	13 (93)	13 (76)	42 (84)	51 (84)	5 (83)	18 (78)	28 (88)	35 (80)	8 (100)	13 (72)	14 (78)
Treatment not continuing	19 (18)	1 (7)	10 (24)	8 (16)	10 (16)	1 (17)	5 (22)	4 (12)	9 (20)	- -	5 (28)	4 (22)
Base: children having reported medical/ psychological problems	105	14	41	50	61	6	23	32	44	8	18	18

Approximately 10% of the 1,234 children in the sample are reported to have some type of medical/psychological problems requiring treatment.

Among the urban sub-sample, 16% of the new and 40% of the ongoing members report medical/psychological problems for children. Among the rural sub-sample 27% of the new and 31% of the long-term parents report such problems. Thus it seems that at least among the urban group PCC seems to play a role in terms of spotting problems. It is possible that children of ongoing members do in reality have more problems than children in new families but this is less likely than the assumption that in new families the problems have gone unnoticed. Treatment rates are not notably different across either longevity or involvement, therefore involvement data are not presented.

2.4.2 Treatment for medical/psychological problems of parents

Table VII-10. Treatment status for parents reporting medical/ psychological problems - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Parents with problems	63 (12)	12 (13)	25 (12)	26 (11)	42 (14)	6 (12)	15 (12)	21 (17)	21 (9)	6 (13)	10 (11)	5 (5)
Treatment continuing	52 (82)	9 (75)	19 (76)	24 (92)	35 (83)	5 (83)	11 (73)	19 (90)	17 (81)	4 (67)	8 (80)	5 (100)
Treatment not continuing	11 (18)	3 (25)	6 (24)	2 (8)	7 (17)	1 (17)	4 (27)	2 (10)	4 (19)	2 (33)	2 (20)	- -
Parents with no problems	462 (88)	83 (87)	185 (88)	194 (89)	250 (86)	42 (88)	107 (88)	101 (83)	212 (91)	41 (87)	78 (89)	93 (95)
Base: total number of parents	525	95	210	220	292	48	122	122	233	47	88	93

Note: Percentages for treatment status based on number of parents with medical/ psychological problems.

Respondents were asked if either they or their spouses had medical or psychological problems requiring special treatment. If the response was positive, subjects were asked if treatment was continuing.

A relatively small percentage of parents report any kind of medical problem. Treatment seems to be ongoing in most instances; data are too sparse to report any meaningful differences. Only the distribution along longevity is presented, as involvement data show no differences whatsoever.

2.5 Dental care

2.5.1 Dental check-ups for children

Table VII-11a. Dental check-ups for children - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY***				RURAL LONGEVITY***			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Have dental check-ups	522 (42)	40 (22)	179 (40)	303 (50)	260 (37)	10 (11)	92 (33)	158 (46)	262 (50)	30 (32)	87 (50)	145 (56)
No dental check-ups	712 (58)	146 (78)	270 (60)	296 (50)	450 (63)	83 (89)	183 (66)	184 (54)	262 (50)	63 (68)	87 (50)	112 (44)
Base: total number of children	1,234	186	449	599	710	93	275	342	524	93	174	257

Note: These figures include some children who have not yet reached the age when check-ups are necessary.

*** Chi-square is significant at .001 level

Table VII-11b. Dental check-ups for children, annually or not annually - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY*			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Annually at least	409 (78)	33 (82)	131 (73)	245 (81)	243 (93)	10 (100)	84 (91)	149 (94)	166 (63)	23 (77)	47 (54)	96 (66)
Not annually	113 (22)	7 (18)	48 (27)	58 (19)	17 (6)	- -	8 (9)	9 (6)	96 (37)	7 (23)	40 (46)	49 (34)
Base: children who had dental check-ups	522	40	179	303	260	10	92	158	262	30	87	145

* Chi-square significant at .05 level

Significantly more urban and rural children of ongoing members have had dental care than children of new members. In the urban sample, only 11% of the new children have had dental check-ups whereas 46% of the long-time children have had such check-ups. Similarly, in the rural sample 32% of the new children have had dental check-ups, whereas 56% of the long-time children have had such check-ups.

Of the urban children who have check-ups, nearly all have these annually. Among rural children, 37% have less than annual check-ups.

Across all groups the difference between urban and rural respondents is highly significant. More children in urban families have been seen by a dentist and are seen annually than is the case among children in rural families.

2.5.2 Treatment of children's dental problems

Table VII-12. Treatment of children's dental problems - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Children with dental problems	45 (4)	2 (1)	11 (2)	32 (5)	39 (6)	2 (2)	9 (3)	28 (8)	6 (1)	- -	2 (1)	4 (2)
* Treatment continuing	39 (87)	2 (100)	10 (91)	27 (84)	33 (85)	2 (100)	8 (89)	23 (82)	6 (100)	- -	2 (100)	4 (100)
* Treatment not continuing	6 (13)	- -	1 (9)	5 (16)	6 (15)	- -	1 (11)	5 (18)	- -	- -	- -	- -
** No dental problems	1,189 (96)	184 (99)	438 (98)	567 (95)	671 (94)	91 (98)	266 (97)	314 (92)	518 (99)	93 (100)	172 (99)	253 (98)
Base: total # of children	1,234	186	449	599	710	93	275	342	524	93	174	257

* Treatment status percentages are based on children with dental problems.

** These figures include some children who have not yet reached the age when dental problems are found.

The great majority (96%) of children have no dental problems. Forty-five children in the total sample have dental problems which have been identified. All but six of these problems are being treated. No meaningful differences exist between new and ongoing members.

2.5.3 Dental check-ups for adults

Table VII-13a. Dental check-ups for parents - longevity variable.

RESPONSES	URBAN-RURAL TOTALS Sample	New	6-20 Mos.	20+ Mos.	URBAN LONGEVITY*** Total	New	6-20 Mos.	20+ Mos.	RURAL LONGEVITY Total	New	6-20 Mos.	20+ Mos.
Parents reporting dental check-ups	324 (62)	50 (53)	125 (60)	149 (68)	164 (56)	17 (35)	65 (53)	82 (67)	160 (69)	33 (70)	60 (68)	67 (68)
No dental check-ups	201 (38)	45 (47)	85 (40)	71 (32)	128 (44)	31 (65)	57 (47)	40 (33)	73 (31)	14 (30)	28 (32)	31 (32)
Base: total number of parents	525	95	210	220	292	48	122	122	233	47	88	98

*** Chi-square is significant at the .001 level

Table VII-13b. Dental check-ups for parents, annually or not annually - longevity variable.

RESPONSES	URBAN-RURAL TOTALS Sample	New	6-20 Mos.	20+ Mos.	URBAN LONGEVITY Total	New	6-20 Mos.	20+ Mos.	RURAL LONGEVITY* Total	New	6-20 Mos.	20+ Mos.
Annually at least	201 (62)	29 (58)	73 (58)	99 (66)	130 (79)	9 (53)	47 (72)	74 (90)	71 (44)	20 (61)	26 (43)	25 (37)
Not annually	123 (38)	21 (42)	52 (42)	50 (34)	34 (21)	8 (47)	18 (28)	8 (10)	89 (56)	13 (39)	34 (57)	42 (63)
Base: parents reporting dental check-ups	324	50	125	149	164	17	65	82	160	33	60	67

* Chi-square is significant at the .05 level

Significantly more ongoing urban members (60%) have gone for dental check-ups than new members (35%). Among all those who have gone for check-ups, significantly more of the long-term members (90%) go for an annual visit than short-term (72%) or new (53%) members.

There are no differences along length of membership between groups in the rural sample. Approximately 69% of all parents have had a dental check-up. New parents are more likely to go for annual visits than are ongoing members.

Significantly more urban parents have had a dental check-up, on an annual basis, than is the case among rural parents.

2.5.4 Treatment of parents' dental problems

Table VII-14. Treatment of parents' dental problems - longevity variable.

	URBAN-RURAL TOTALS				URBAN LONGEVITY				RURAL LONGEVITY			
RESPONSES	Sample	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.	Total	New	6-20 Mos.	20+ Mos.
Parents reporting dental problems	53 (10)	5 (5)	30 (14)	18 (8)	27 (9)	2 (4)	14 (12)	11 (9)	26 (11)	3 (6)	16 (18)	7 (7)
Treatment continuing	18 (34)	1 (20)	7 (23)	10 (56)	14 (52)	1 (50)	6 (43)	7 (64)	4 (15)	- -	1 (6)	3 (43)
Treatment not continuing	35 (66)	4 (80)	23 (77)	8 (44)	13 (48)	1 (50)	8 (57)	4 (36)	22 (85)	3 (100)	15 (94)	4 (57)
No dental problems	472 (90)	90 (95)	180 (86)	202 (92)	265 (91)	46 (96)	108 (88)	111 (91)	207 (89)	44 (94)	72 (82)	91 (93)
Base: total # of parents	525	95	210	220	292	48	122	122	233	47	88	98

Note: Percentages for treatment status based on number of parents with dental problems.

Only 53 parents (10%) in the entire sample report any dental problems. Among rural respondents, treatment is continuing in only four cases. In 22 cases, 19 of which are ongoing members, dental problems are going untreated.

In the urban group, treatment is continuing in 14 cases. In 13 cases, 12 of which are ongoing members, dental problems are going untreated. Taken together these data show that approximately one half of all ongoing parents who have dental problems which have been identified are going untreated.

2.6 Summary of health care findings

- The majority of women saw an obstetrician six or more times during their first pregnancy. This was true of new mothers as well as of those who had had a baby since joining PCC.
- Significantly more long-term children, both urban and rural, have been immunized than is the case with new children.
- The majority of parents regardless of length of membership or involvement level took their children to the doctor four or more times during the child's first year of life.
- Urban parents took children to the doctor with greater frequency than rural parents.
- The majority of parents regardless of length of membership or involvement level had taken their 1-4 year old children to the doctor for a check-up during the past year.
- Urban parents tend to take their young children for check-ups more often than rural parents.
- More urban than rural adults have annual medical examinations.

- The majority of parents have been examined by a doctor during the past year. New parents and less involved parents are just as likely to have a check-up as ongoing or high-involved parents.

- Ten percent of all children 0-16 in the sample are reported to have medical/psychological problems. Diagnosis of problems is more likely to occur in ongoing PCC families than in new families.

- Relatively few parents report that they have medical/psychological problems requiring treatment.

- More children of ongoing members have had dental check-ups than children in new families.

- More ongoing members have themselves had a dental check-up than is the case in new families.

- Annual visits are made by the great majority of ongoing members and by far fewer new members.

- More urban than rural parents have annual dental examinations.

- Few persons (10%) report that they or other family members have dental problems.

3.0 Nutrition

All of the nutrition data were coded in terms of the number of portions of various foods: e.g., red meats, green vegetables, proteins, etc. The data show not a single difference between what new parents eat and serve their children and what ongoing members eat and serve their children. All groups tend to report the same staples and the same diets over a twenty-four hour period, whether for children or adults.

Since there are no significant findings, actual data on who ate what are not presented here. Either there are no differences in the eating patterns of new and ongoing families, or the twenty-four hour recall technique is not a sensitive measure of nutrition practices. In any event, in light of the absence of any findings this measure of nutrition will be dropped from future data collection activities.

APPENDIX

PCC PARENT QUESTIONNAIRE: September 1972

OFFICE USE ONLY

PCC:	Detroit	( )	1- 1		
	Harbor City	( )	- 2	Respondent ID	2-
	Menomonie	( )	- 3		3-
	Mt. Carmel	( )	- 4		4-
	Pasco	( )	- 5		5-
	St. Louis	( )	-6		

BACKGROUND ITEMS

1. When did you join the PCC

____

____

____

2a. Please tell me the ages of your children starting with the youngest: List under 2a below.

2b. Which children now enrolled in the PCC and which ones were formerly enrolled? Check under 2b below.

Q.2a	Q. 2b.	
CHILDREN'S AGES	PCC ENROLLED	FORMERLY ENROLLED
______	( ) 22-1	( ) -2
______	( ) 23-1	( ) -2
______	( ) 24-1	( ) -2
______	( ) 25-1	( ) -2
______	( ) 26-1	( ) -2
______	( ) 27-1	( ) -2
______	( ) 28-1	( ) -2
______	( ) 29-1	( ) -2
	( ) 30-1	( ) -2

2c. Who else is living in your home? READ LIST BELOW, CHECK ALL THAT APPLY UNDER Q 2c.

2d. Which of these, if any, are involved with the PCC in any way -- attending sessions, going to meetings, or working around the Center? RECORD UNDER Q 2d BELOW.

	Q.2c OTHERS AT HOME	Q.2d PCC INVOLVED
Spouse	( ) 31-1	( ) 37-1
Respondent's mother	( ) 32-1	( ) 38-1
Respondent's father	( ) 33-1	( ) 39-1
Respondent's grandparents	( ) 34-1	( ) 40-1
Other ____________	( ) 35-1	( ) 41-1
Other ____________	( ) 36-1	( ) 42-1

3a. How much time would you say you spend at the PCC each week on the average?

3b. How much of that time, again on the average, do you spend working with your child in PCC related activities each week?

(NOTE THIS CAN MEAN AT PCC OR AT HOME BUT DOES REFER TO SPECIFIC STIMULATION TYPE ACTIVITIES)

	Q. 3a TIME WITH PCC	Q. 3b TIME WITH CHILD
0-1 hour	( ) 43-1	( ) 44-1
1-2 hours	( ) -2	( ) -2
2-4 hours	( ) -3	( ) -3
4-8 hours	( ) -4	( ) -4
8+ hours	( ) -5	( ) -5

3c. Which activitie for parents do you ever get involved in? CHECK ALL THAT APPLY. DO NOT READ LIST)

Child development	( ) 44-1
Family life education sessions	( ) 45-1
Home management	( ) 46-1
Food or nutrition sessions	( ) 47-1
Health sessions	( ) 48-1
Basic educations sessions	( ) 49-1
Helping out on special occasions	( ) 50-1
Telling others about PCC	( ) 51-1
PAC member	( ) 52-1

4. Please stop me when I get to the age group you're in. (READ LIST, CHECK ONE).

Under 21	( ) 53-1
21 to 30	( ) -2
31 to 40	( ) -3
41 and 50	( ) -4
Over 50	( ) -5

5. And how many years of school did you have? Again, stop me, when I get to the right group.

6 or less	( ) 54-1
7 to 9	( ) -2
10 to 11	( ) -3
Completed high school	( ) -4
Some college	( ) -5
College graduate	( ) -6
Other	( ) -7

6a. Before joining the PCC, were you or your husband working?

6b. Are either of you working now?

WORK STATUS	MOTHER		FATHER	
	Q. 6a Before PCC	Q. 6b Now	Q.6a Before PCC	Q.6b Now
Not working	( ) 54-1	( ) 55-1	( ) 56-1	( ) 57-1
Part-time work	( ) -2	( ) -2	( ) -2	( ) -2
Full-time work	( ) 3	( ) -3	( ) -3	( ) -3

6c. ASK ONLY IF EITHER HUSBAND OR WIFE WORKS:
Has the PCC helped you or your husband get a job?

YES ( ) 58-1 NO ( ) -2

7a. Did you receive any of these things before joining the PCC? READ LIST BELOW.

7b. Are you receiving any of these now? CHECK APPROPRIATE ANSWERS)

	Q.7a BEFORE PCC	Q.7b NOW
Public Assistance (Welfare)	( ) 59-1	( ) - 2
Food Stamps	( ) 60-1	( ) - 2
Commodities	( ) 61-1	( ) - 2
Medicaid	( ) 62-1	( ) - 2

INTERVIEWER: CHECK OFF THE FOLLOWING TWO ITEMS:

8. Sex of respondent

MALE ( ) 57-1 FEMALE ( ) -2

9. Ethnic grouping

Black	( ) 63-1
Puerto Rican	( ) -2
Mexican-American	( ) -3
Other Caucasian	( ) -4
Oriental	( ) -5
American Indian	( ) -6

OFFICE USE ONLY	1-
DATA CARD 2	2-
RESPONDENT I.D.	3-
	4-
	5-

LIKERT ITEMS: NEVER TO ALWAYS

(HAND CARD A TO RESPONDENT.) Now we're going to do something different. This card has five things written on it which describe how often you do things. What I'm going to do is read to you a number of items about things you may do or ways you may feel. I'll read them one at a time, and as I read each I'd like you to look at the card and tell me which of the five descriptions best tells how often you do the thing mentioned.

As an example, let's take the statement: "I get up before 7 o'clock in the morning." Looking at the card, would you say you get up before 7 "seldom or never," "occasionally,", "about half the time," "a good deal of the time", or "just about always".

MAKE SURE RESPONDENT UNDERSTANDS HOW SHE MAKES HER ANSWERS, THEN TELL HER YOU'RE BEGINNING THE REAL ITEMS.

1. I HOLD MY BABY WHEN GIVING HIM HIS MILK.

seldom or never	( )	21-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

2. THE CHILDREN ARE JUST TOO MUCH FOR ME TO HANDLE.

seldom or never	( )	22-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

3. I KEEP MY BABY IN HIS CRIB: THAT WAY HE WON'T GET INTO TROUBLE.

seldom or never	( )	23-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

4. I FEEL I'M A GOOD MOTHER.

seldom or never	( )	25-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

5. I TALK TO MY BABY WHILE HE IS EATING.

seldom or never	( )	26-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

6. I WORRY ABOUT WHETHER I'M DOING RIGHT FOR MY CHILDREN.

seldom or never	( )	27-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

7. I TEND TO FEEL SHY WITH PEOPLE.

seldom or never	( )	28-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

8. I FEEL ALL ALONE IN THE WORLD.

seldom or never	( )	29-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

9. I NEED TO BE WITH PEOPLE.

seldom or never	( )	31-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

10. I VOTE IN LOCAL AND NATIONAL ELECTIONS.

seldom or never	( )	32-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

11. WHAT HAPPENS TO ME IS MY OWN DOING.

seldom or never	( )	33-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

12. I DON'T LIKE TO MAKE DECISIONS.

seldom or never	( )	34-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

13. I GET INVOLVED IN COMMUNITY AFFAIRS.

seldom or never	( )	35-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

14. I TALK TO OTHERS ABOUT THE NEEDS OF THIS COMMUNITY.

seldom or never	( )	36-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

15. WHEN I MAKE PLANS, I AM PRETTY SURE THEY WILL WORK.

seldom or never	( )	37-1
occasionally	( )	-2
1/2 of the time yes, 1/2 no	( )	-3
a good deal of the time	( )	-4
most of the time or always	( )	-5

TAKE BACK CARD A AND HAND AGREEMENT CARD B.

LIKERT ITEMS: DISAGREE TO AGREE:

We're going to do a little more of the same thing, except for the next few items you'll give me your answers from the things written on this card. You'll tell me how much you agree or disagree with each thing I read.

As an example, take the following statement: "Potato chips taste good". Do you strongly disagree, disagree, neither agree nor disagree, agree or strongly agree?

MAKE SURE RESPONDENT UNDERSTANDS THIS WAY OF GIVING ANSWERS, THEN TELL HER THE REAL ITEMS ARE STARTING AGAIN.

16. BEING A GOOD MOTHER IS A REALLY IMPORTANT JOB.

strongly disagree	( )	38-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

17. MY CHILDREN ARE GOING TO HAVE A LOT MORE THAN I DO.

strongly disagree	( )	39-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

18. THERE'S NOT MUCH I CAN DO TO CHANGE THE WAY THINGS ARE.

strongly disagree	( )	42-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

19. YOU CAN TRUST MOST PEOPLE.

strongly disagree	( )	43-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

20. DOING ANYTHING ABOUT A HAPPIER FUTURE IS JUST A WASTE OF TIME.

strongly disagree	( )	44-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

21. THE FUTURE LOOKS BRIGHT FOR TODAY'S CHILDREN.

strongly disagree	( )	45-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

22. AS LONG AS YOU TAKE BASIC CARE OF YOUR BABY, E.G., FEED AND CLEAN HIM, HE SHOULD TURN OUT JUST FINE.

strongly disagree	( )	46-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

23. MOST BABIES OF A PARTICULAR AGE ARE PRETTY MUCH ALIKE.

strongly disagree	( )	47-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

24. THERE'S NO USE IN PLANNING FOR TOMORROW. ALL WE CAN DO IS LIVE FOR THE PRESENT.

strongly disagree	( )	48-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

25. BABIES CAN'T LEARN MUCH BEFORE THE AGE OF ONE.

strongly disagree	( )	49-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

26. BABIES OF ABOUT A YEAR AND A HALF AREN'T INTERESTED IN BOOKS: THEY JUST TEAR THEM.

strongly disagree	( )	50-1
disagree	( )	-2
neither agree nor disagree	( )	-3
agree	( )	-4
strongly agree	( )	-5

TAKE BACK CARD B

OFFICE USE ONLY 1-
DATA CARD 3 2-
RESPONDENT I.D. 3-
4-
5-

PARENTING ITEMS: FREE RESPONSE

Now we're going to do something else. There are a lot of common problems that happen when you're bringing up children. What I'm going to do is to read you several different types of problems, one at a time, and I'd like you to tell me what you would do in each situation - how you would handle it if you had to. If you see several different ways of going about handling any one situation, be sure to tell me all of them.

PROBE FOR ANSWERS TO EACH SITUATION BELOW. ASK WHAT RESPONDENT WOULD DO IF HER FIRST SUGGESTIONS DIDN'T WORK. HAVE HER BE AS SPECIFIC AS POSSIBLE ABOUT EACH SUGGESTION -- HOW SHE WOULD DO IT, EXACTLY WHAT SHE MIGHT SAY, AND SO ON. PLEASE JOT DOWN EACH PROBE YOU USE. SPACE IS ALLOWED FOR 4 ANSWERS TO EACH SITUATION. IF MORE SPACE IS NEEDED, USE THE BACK OF THE SHEET.

1. Here's the first one. Suppose that you take your child to the store and he grabs for something he wants and insists on having it. The thing is not anything you intended to buy. What do you do?

a. ____

____ 21-

b. ____

____ 22-

c. ____

____ 23-

d. ____

____ 24-
25-

2. How do you go about teaching a baby not to do something that can hurt him?

A. ____ 26-

____

B. ____ 27-

____

C. ____ 28-

____

D. ____ 29-

____ 30-

3. Supposing that your baby is bugging you, e.g., turning his cup over, pulling things down, throwing things out of his crib and then yelling for them. How do you handle him?

A. ____

____ 36

B. ____

____ 37

C. ____

____ 3

D. ____

____ 39
40

4. If your baby refuses to go to sleep when you put him down at night -- if he won't stop crying -- what do you do?

A. ____

____ 4

B. ____

____ 4

C. ____

____ 4

D. ____

____ 4
4

5. If your baby is playing with another child and only whats what the other child has, what do you do? How do you teach him to share?

A. ____________________

____

B. ____________________

____

C. ____________________

____

D. ____________________

____

6. Supposing your toddler hits another child, what do you do?

A. ____________________

____

B. ____________________

____

C. ____________________

____

D. ____________________

____

7. How would you go about training your child to use the toilet? At what age would you start?

A. ____ 61-

____

B. ____ 62-

____

C. ____ 63-

____

D. ____ 64-

____ 65-

8. What would you do if your young child asks where babies come from?

A. ____ 66-

____

B. ____ 67-

____

C. ____ 68-

____

D. ____ 69-

____ 70-

Now a couple of more general questions.

9a. Mothers differ a great deal in what they enjoy doing most with their children. What do you enjoy most with your children?

A. 71-

B. 7 -

C. 7 -

D. 74-

9b. What do you enjoy the least?

A. 75-

B. 76-

C. 7-

D. 8-

ASK OF ON-GOING PARENTS ONLY:

10. Have your feelings about your children, or about being a mother, chang since joining the PCC? If so, how?

OFFICE USE ONLY 1-
DATA CARD 4 2-
RESPONDENT ID 3-
4-
5-

NUTRITION

1. Now I'd like you to think back to yesterday for a few moments. (OR TO LAST FRIDAY IF INTERVIEW IS DONE ON A MONDAY). I'd like you to tell me what you served to your family yesterday. Please tell me as exactly as you can what they had at each meal and in-between. If your ECC child (children) had anything different from the others, be sure to tell me.

PROBE IN DETAIL. BE SURE NOTHING IS LEFT OUT. TAKE SPECIAL CARE TO GET EXACTLY WHAT THE CHILD ATE. PROBE FOR BEVERAGES (SODA, ETC.) AND ANY EXTRAS SUCH AS KETCHUP.

BREAKFAST: ______________________________ 21-
______________________________ 22-
______________________________ 23-
______________________________ 24-
______________________________ 25-
(Child): ______________________________ 26-
______________________________ 27-
______________________________ 28-
______________________________ 29-
______________________________ 30-

LUNCH: ______________________________ 31-
______________________________ 32-
______________________________ 33-
______________________________ 34-
______________________________ 35-
(Child): ______________________________ 36-
______________________________ 37-
______________________________ 38-
______________________________ 39-

SUPPER: ______________________________ 41-

______________________________ 42-

______________________________ 43-

______________________________ 44-

______________________________ 45-

(Child): ______________________________ 46-

______________________________ 47-

______________________________ 48-

______________________________ 49-

______________________________ 50-

BETWEEN MEALS: ______________________________ 51-

______________________________ 52-

______________________________ 53-

______________________________ 54-

______________________________ 55-

(Child): ______________________________ 56-

______________________________ 57-

______________________________ 58-

______________________________ 59-

______________________________ 60-

2a. Was what your child ate yesterday unusual in any way?

YES ( ) 61-1
NO ( ) -2

2b. IF YES: In what way?

______________________________ 62-

______________________________ 63-

______________________________ 64-

2c. Why was it unusual that particular day?

____ 65-

____ 66-

____ 67-

3a. Did you give your PCC child any vitamins or other diet supplements?

YES ( ) 68-1
NO ( ) -2

3b. IF YES: What were they?

____ 69-

____ 70-

____ 71-

____ 72-

OFFICE USE ONLY 1-
DATA CARD 5 2-
RESPONDENT I.D. 3-
4-
5-

SERVICE UTILIZATION AND COMMUNITY PARTICIPATION

1. COMPLETE THE FOLLOWING IMMUNIZATION RECORD FOR EACH CHILD 4 YEARS OF AGE OR UNDER. WRITE THE CHILD'S AGE AT THE TOP OF THE IMMUNIZATION RECORD.

Now I'd like to find out about the health of your child (children) 4 years old or younger. First, what about immunization shots? LIST AGE OF EACH CHILD 4 OR UNDER IN SPACE ALLOTTED.

Immunizations	Child's Age:			
	Don't Know/ Unknown	None	Partial	Fully immunized or appropriate to age
DPT	21-1	-2	-3	-4
Polio	22-1	-2	-3	-4
Measles	23-1	-2	-3	-4
German Measles	24-1	-2	-3	-4

Immunizations	Child's Age:			
	Don't Know/ Unknown	None	Partial	Fully immunized or appropriate to age
DPT	25-1	-2	-3	-4
Polio	26-1	-2	-3	-4
Measles	27-1	-2	-3	-4
German Measles	28-1	-2	-3	-4

Immunizations	Child's Age:			
	Don't Know/ Unknown	None	Partial	Fully immunized or appropriate to age
DPT	29-1	-2	-3	-4
Polio	30-1	-2	-3	-4
Measles	31-1	-2	-3	-4
German Measles	32-1	-2	-3	-4

NOTE: IF MORE THAN 3 CHILDREN AGED 4 OR YOUNGER, COMPLETE ON OTHER SIDE

2a. Did your youngest child see a doctor for routine check-ups during his first year of life?

Yes ( ) 33-1 IF YES, ASK: 2b. How many visits? _____ 34 -

No ( ) -2

3a. Do your children ages 1 - 4 years see a doctor for routine check-ups, or only when something is wrong with them?

Routine check-ups _____36-1 ASK: 3b. How many times a year? ______37-

Only when something is wrong _____-2

4. When was the last time each child 4 years or under saw a doctor? Was this visit for a check-up or for something wrong? (CODE C FOR CHECK-UP AND I FOR ILLNESS OR INJURY.)

Children's ages	Last Doctor's Visit (Mark C or I)					
	One week ago	Past month	Past 3 months	Past 6 months	Past year	More than year ago
	38-1	-2	-3	-4	-5	-6
	39-1	-2	-3	-4	-5	-6
	40-1	-2	-3	-4	-5	-6
	41-1	-2	-3	-4	-5	-6

5. Have all of your children under 16 years of age been examined by a doctor within the last year?

Yes ( ) 42-1

No ( ) -2

6. Have all other family members been examined by a doctor within the last year?

Yes ( ) 43-1

No ( ) -2

7a. Do any of your family members have any medical or psychological problems which require special treatment? IF YES, FOR EACH ASK:
b. Is treatment continuing? RECORD IN TABLE BELOW.

(CHECK THE ANSWERS TO THESE QUESTIONS ON THE CHART THAT FOLLOWS.)

Family member	(Q. 7a) Is treatment required		(Q. 7b) Is treatment continuing	
	Yes	No	Yes	No
Respondent	44-1	-2	45-1	-2
Spouse	46-1	-2	47-1	-2
Child's age ____	48-1	-2	49-1	-2
____	50-1	-2	51-1	-2
____	52-1	-2	53-1	-2
____	54-1	-2	55-1	-2
____	56-1	-2	57-1	-2

8. Have you had any children since joining PCC?

Yes ( ) 58-1

No ( ) -2

9a. Did you see an obstetrician during your last pregnancy?

Yes ( ) 59-1 IF YES, ASK: 9b. How many pre-natal visits?

No ( ) -2

One or two visits ( ) 60-

Three to five visits ( ) -2

Six to nine visits ( ) -3

Ten or more visits ( ) -

10a. Has your family had dental examinations?
IF YES ASK: Are these done yearly? RECORD IN TABLE BELOW

(CHECK THE ANSWERS TO THESE QUESTIONS ON THE CHART THAT FOLLOWS.)

Family member	(Q. 10a) Dental examinations?		(Q. 10b.) Yearly examinations?	
	Yes	No	Yes	No
Respondent	61-1	-2	62-1	-2
Spouse	63-1	-2	64-1	-2
Child's age ________	65-1	-2	66-1	-2
________	67-1	-2	68-1	-2
________	69-1	-2	70-1	-2
________	71-1	-2	72-1	-2
________	73-1	-2	74-1	-2

11a. Are there any dental problems which require continuing treatment?

IF YES, ASK: 11b. Is treatment continuing?
RECORD IN TABLE BELOW.

OFFICE USE ONLY		1-
DATA CARD 6		2-
RESPONDENT I.D.		3-
		4-
		5-

Family member	(Q. 11a) Dental problems		(Q. 11b.) Is treatment continuing	
	Yes	No	Yes	No
Respondent	21-1	-2	22-1	-2
Spouse	23-1	-2	24-1	-2
Child's age ________	25-1	-2	26-1	-2
________	27-1	-2	28-1	-2
________	29-1	-2	30-1	-2
________	31-1	-2	32-1	-2
________	33-1	-2	43-1	-2

Community Boards and Associations

Let's change the subject now.

12. Which of the following community groups do you (or your husband) belong to or serve as volunteers for? READ LIST. CHECK ALL THAT APPLY

Head Start Policy Advisory Committee	( ) 35-1
Parent-Teachers Association	( ) 36-1
Boy Scouts, Girl Scouts, 4-H Club, or other youth clubs or groups	( ) 37-1
Church-related organizations or social clubs	( ) 38-1
Hospital volunteer	( ) 39-1
Other community organizations	( ) 40-1
Political organizations	( ) 41-1
Other (____________________________)	( ) 42-1

Cultural and Educational Involvements

13a. Are you or your spouse taking any courses or going to school?

Yes	( ) 43-1 IF YES, ASK:
No	( ) -2

13b. What level of education?

Adult education	( )	44-1
High School courses	( )	-2
College courses	( )	-3

14. Does anyone in the family have a library card?

Yes	( ) 45-1
No	( ) -2

15. Does anyone in the family usually get a daily or weekly newspaper?

Yes	( ) 46-1
No	( ) -2

COMMUNITY RESOURCE CONTACTS AND KNOWLEDGE OF AVAILABLE SERVICES

16. Indicate whether any of the following community resources are available and whether you have used them.

(READ RESOURCES LISTED, ONE AT A TIME, CHECKING APPROPRIATE BOX(ES) ACROSS THE CHART BEFORE GOING ON TO NEXT RESOURCE LISTED.)

Community Resource	Don't Know/ Unknown	Not available	Available & not used	Available & used
Food Stamps	47-1	-2	-3	-4
Commodities	48-1	-2	-3	-4
Medicaid	49-1	-2	-3	-4
Welfare	50-1	-2	-3	-4
Comprehensive Health Center	51-1	-2	-3	-4
Public Hospital	52-1	-2	-3	-4
Public Health Clinic	53-1	-2	-3	-4
Mental Health Clinic	54-1	-2	-3	-4
Family Counseling Agencies	55-1	-2	-3	-4
Planned Parenthood Services	56-1	-2	-3	-4
Head Start Program	57-1	-2	-3	-4
Day Care or Child Care Program	58-1	-2	-3	-4
Adult Education Programs	59-1	-2	-3	-4
Recreational Programs	60-1	-2	-3	-4
Free Legal Services (Legal Aide)	61-1	-2	-3	-4
Housing Authority	62-1	-2	-3	-4
State Employment Office	63-1	-2	-3	-4
Job Training Programs	64-1	-2	-3	-4